

M. Alocco

Environmental Services Division

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Upton, NY 11973-5000
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BROOKHAVEN
NATIONAL LABORATORY

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

www.bnl.gov

July 19, 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 June 2001
REFERENCE: Letter from Robert Desmarais to Cunniff dated July 2, 2001

Included as Attachment I, please find the DMR for the month of June 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 001A, 001B, 001D, 001E, 001F, 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of June 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 July 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

Lori Cunniff, CEP
Division Manager



LEC/MA:cr

- Attachment I: Discharge Monitoring Report for June 2001.
- Attachment II: Analytical Results from H2M Labs for samples collected on 6/4/01, 6/6/01 and 6/8/01 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: Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls 001F, 002, 003, 005, 006A, and 006B.

- | | | | | |
|-----|--------------|-----------------|---------------|-----------------|
| 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 June 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 001F, 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. PCBs were not detected in these samples at a method detection limit of 0.65 ppb per congener. Total PCBs have been reported as less than the individual detection limit.
5. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
6. Photographic rinse waters discharged from Building 197B, are generated by three individual photo-processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentration and total average flow have been reported in the DMR.

Location	Flow	pH	Total Nitrogen	Cyanide	Silver	Phenolics
1-87 ^(a)	65 GPD	7.5 SU	109 mg/L	< 10 µg/L	1710 µg/L	17.1 µg/L
1-93A ^(b)	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
1-93B	48 GPD	6.9 SU	138 mg/L	< 10 µg/L	1360 µg/L	< 5.0 µg/L
Total Flow	113 GPD					

Notes:

- a. The proper location of the photographic discharge is room 1-87 not room 1-86B as had been previously reported.
 - b. The photographic processor in room 1-93A was not used in the first quarter of 2001 and was taken off-line on March 30, 2001.
7. 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.
 8. The analyte was found in the associated laboratory blank.

9. Indicates an estimated value.
10. There was no discharge of treatment chemicals to Outfall 003 during the monitoring period due to the removal of the High Flux Beam Reactor (HFBR) cooling towers in association with the permanent shutdown of the facility.

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

U S D O E
BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

NY0005835
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL
ACID/CAUSTIC CLEAN RINSE 5358

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	04	01	01	06	30

FROM TO

***** NO DISCHARGE [] *****

NOTE: Read Instructions before completing this form.

ATTN: GEORGE MALOSH, GROUP MGR

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	*****	2,017	(07)	*****	*****	*****		0	QTRLY	RECORD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****	0	QTRLY	RECORD
PH	SAMPLE MEASUREMENT	*****	*****		3.0	*****	3.0	(12)	0	qtrly	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU	0	QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE See Note 8 39100 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	77	(28)	0	qtrly	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRAB
DI-N-BUTYL PHTHALATE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<10	(28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRAB
	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		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)

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM
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-B
 DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 498

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	04	01	01	06	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			
FLOW RATE See Note 3 00056 1 0 0	SAMPLE MEASUREMENT	*****	280	(07)	*****	*****	*****		0	QTRLY	RCORDR
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	REPORT	DAILY MX GPD	*****	*****	*****	***		QTRLY	RCORDR
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8	(12)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE CHROMIUM, TOTAL (AS CR)	PERMIT REQUIREMENT	*****	*****	***	REPORT	*****	REPORT	MAXIMUM	SU	QTRLY	GRAB
01034 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.8	(28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE COPPER, TOTAL (AS CU)	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DAILY MX	UG/L	QTRLY	GRAB
01042 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	128	(28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE IRON, TOTAL (AS FE)	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DAILY MX	UG/L	QTRLY	GRAB
01045 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	252	(28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE MANGANESE, TOTAL (AS MN) See Note	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DAILY MX	UG/L	QTRLY	GRAB
01055 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.2	(28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE NICKEL, TOTAL (AS NI)	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DAILY MX	UG/L	QTRLY	GRAB
01067 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 2.5	(28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DAILY MX	UG/L	QTRLY	GRAB

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
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS
 EPA Form 3320-1 (REV 3/99) Previous editions may be used.

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

001 B
 DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 498

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	04	01		01	06	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			
ZINC, TOTAL (AS ZN) See Note 1		*****	*****		*****	*****	18.4	(28)	0	QTRLY	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											
1,2-DICHLOROETHANE		*****	*****		*****	*****	< 1	(28)	0	QTRLY	GRAB
32103 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											
CHLOROFORM		*****	*****		*****	*****	< 1	(28)	0	QTRLY	GRAB
32106 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											
1,1,1-TRICHLORO-ETHANE		*****	*****		*****	*****	< 1	(28)	0	QTRLY	GRAB
34506 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											
BROMODICHLOROMETHANE		*****	*****		*****	*****	< 1	(28)	0	QTRLY	GRAB
EFFLUENT											
38693 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											
BIS (2-ETHYLHEXYL) PHTHALATE See Note 8,9		*****	*****		*****	*****	6	(28)	0	QTRLY	GRAB
39100 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											
DI-N-BUTYL PHTHALATE		*****	*****		*****	*****	< 10	(28)	0	QTRLY	GRAB
39110 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											

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

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

Form Approved
 OMB No. 2040-0004

NY0005835
 PERMIT NUMBER

001 B
 DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 498

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	04	01	01	06	30

FROM TO

***** NO DISCHARGE 1-1 *****

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			
TETRACHLOROETHYLENE		*****	*****		*****	*****	< 1	(28)	0	QTRLY	GRAB
85814 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT	DAILY MX		QTRLY	GRAB
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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)

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

U S D O E
BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE., BLDG 464
UPTON NY 11973
BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

NY 0005835
 PERMIT NUMBER

001 D
 DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL
PHOTOPROCESSING RINSE FROM 1978

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	04	01	01	06	30

***** 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 6 0056 1 0 0	SAMPLE MEASUREMENT	*****	113	(07)	*****	*****	*****		0	QTRLY	RCORDR
EFFLUENT GROSS VALUE See Note 6 0400 1 0 0	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	***	0	QTRLY	RCORDR
EFFLUENT GROSS VALUE See Note 6 0600 1 0 0	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.5	(12)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE See Note 6 0720 1 0 0	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	REPORT MAXIMUM	SU	0	QTRLY	GRAB
NITROGEN, TOTAL See (AS N) Note 6 0600 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	138	(19)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE See Note 6 0720 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L	0	QTRLY	GRAB
CYANIDE, TOTAL See (AS CN) Note 6 0720 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10	(28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE See Note 6 0720 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRAB
SILVER, TOTAL See (AS AG) Note 6 01077 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	1,710	(28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE See Note 6 02730 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRAB
PHENOLICS, TOTAL RECOVERABLE See Note 6 02730 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	17.1	(28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRAB
	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
 621-344-3424
 DATE
 AREA CODE NUMBER YEAR MO DAY

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

001 E
 DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL
BOILER BLOWDN FROM 244,405,ETC

MONITORING PERIOD

FROM **01 04 01** TO **01 06 30**

***** NO DISCHARGE [X] *****

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		*****	No Discharge	(07)	*****	*****	*****				
00056 1 0 0	PERMIT REQUIREMENT	*****	REPORT DAILY MAX GPD		*****	*****	*****	***		QTRLY RECORD	
EFFLUENT GROSS VALUE		*****	*****			*****		(12)			
PH	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY GRAB	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
<i>See Note 2</i>	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 <i>Area Group Manager</i>	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		
		TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS
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			001 E		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 01	04	01	TO 01	06	30

MAJOR (SUBR 01)
F - FINAL
COOLING TOWER WTR & BLOWDN 902

***** 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	*****	7,988	(07)	*****	*****	*****		0	QTRLY	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX GPD		*****	*****	*****	****		QTRLY	RCORDR
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		8.4	*****	8.4	(12)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB
PROPYLENE GLYCOL MONOBUTYL ETHER 49875 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 500	(28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	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 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		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 621-344-3124		AREA CODE	NUMBER	YEAR

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

ADDRESS **U S D O E**
BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
 FACILITY LOCATION **BROOKHAVEN NATIONAL LABORATORY**
UPTON NY 11973

NY0005835
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

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

ATTN: GEORGE MALOSH, GROUP MGR

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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	77	(15)	0	5/7	GRAB
EFFLUENT GROSS VALUE 800, 5-DAY (20 DEG. C) 00310 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	90	DEG.F			DAILY GRAB
EFFLUENT GROSS VALUE PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	2	2	(19)	0	3/MO	COMP24
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	10	20	DAILY AV DAILY MX			ONCE/ MONTH COMP24
EFFLUENT GROSS VALUE SOLIDS, SETTLEABLE 00545 1 0 0	SAMPLE MEASUREMENT	*****	*****		6.2	*****	6.7	(12)	0	CONTINUOUS	RECORD
EFFLUENT GROSS VALUE NITROGEN, TOTAL (AS N) 00600 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.8	*****	9.0	MINIMUM MAXIMUM			DAILY GRAB
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) See Note 8 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	4	4	(19)	0	3/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10	20	DAILY AV DAILY MX			ONCE/ MONTH COMP24
	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	(25)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1	DAILY MX			DAILY GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	*****	10	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10	DAILY MX			ONCE/ MONTH COMP24
	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.3	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2	DAILY MX			ONCE/ MONTH COMP24

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.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 631-34-3104		AREA CODE	NUMBER	YEAR

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.

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

001 M
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	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			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.7	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10	(28)	0	3/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	100 DAILY MX	UG/L		TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.05	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.22	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB) See Note 1 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.003	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24
NICKEL, TOTAL See (AS NI) Note 1 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.004	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG) 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.002	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP24

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 **631-344-3124**
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 EXFILT FROM SFB'S.
SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

NAME **USDOE**
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
53 BELL AVE, BLDG 464
UPTON NY 11973
FACILITY **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**

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	06	01		01	06	30

***** NO DISCHARGE 1-1 *****

NOTE: Read Instructions before completing this form.

ATTN: GEORGE MALOSH, GROUP MGR

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)		*****	*****		*****	*****	0.07	(19)	0	3/MO	COMP24
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1			ONCE/	COMP24
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L		MONTH	
TOLUENE		*****	*****		*****	*****	< 1	(28)	0	3/MO	GRAB
34010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5			TWICE/GRAB	
EFFLUENT GROSS VALUE				****			DAILY MX	UG/L		MONTH	
METHYLENE CHLORIDE		*****	*****		*****	*****	< 1	(28)	0	3/MO	GRAB
34423 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5			TWICE/GRAB	
EFFLUENT GROSS VALUE				****			DAILY MX	UG/L		MONTH	
1,1,1-TRICHLORO-ETHANE		*****	*****		*****	*****	< 1	(28)	0	3/MO	GRAB
34506 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5			TWICE/GRAB	
EFFLUENT GROSS VALUE				****			DAILY MX	UG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.6	0.7	(03)	*****	*****	*****		0	CONTINUOUS	
50050 1 0 0	PERMIT REQUIREMENT	REPORT	2-3		*****	*****	*****	****		CONTINRCORDR	
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX	MGD			*****	****		UOUS	
MERCURY, TOTAL (AS HG) See Note 1		*****	*****		*****	*****	0.0002	(19)	0	3/MO	COMP24
71900 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0008			ONCE/	COMP24
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L		MONTH	
COLIFORM, FECAL GENERAL		*****	*****		*****	< 2	< 2	(13)	0	3/MO	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			ONCE/	GRAB
EFFLUENT GROSS VALUE				****		DAILY AV	DAILY MX	100ML		MONTH	

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	621-344-3424	AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED							

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

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

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

Form Approved
 OMB No. 2040-0004

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**

NY0005835
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	01	06	01		01	06	30

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

ATTN: GEORGE MALOSH, GROUP MGR

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			
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(28)	0	3/MO	GRAB
78356 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50	UG/L		TWICE/GRAB	
EFFLUENT GROSS VALUE							DAILY MX			MONTH	
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		> 96	*****	*****	(23)	0	1/MO	CALCTD
91010 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-		ONCE/	CALCTD
PERCENT REMOVAL					MO AV MN			CENT		MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		> 98	*****	*****	(23)	0	1/MO	CALCTD
91011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-		ONCE/	CALCTD
PERCENT REMOVAL					MO AV MN			CENT		MONTH	
	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)

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 HALOSH, GROUP MGR**

NY0005835
 PERMIT NUMBER

001 Q
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	04	01		01	06	30

***** 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			
POLYCHLORINATED BIPHENYLS (PCBS) See 39516 1 0 0 Note 4 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.065	(28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	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 Hland 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		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PCB ANALYSIS TO USE EPA METHOD 608 WITH AN MOL GOAL OF 0.065 PPB

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

002 A
DISCHARGE NUMBER

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	01	06	01		01	06	30

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Ibbland
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 **631-244-2424**
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 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.
EPA Form 3320-1 (REV 3/99) Previous editions may be used. THIS IS A 4-PART FORM PAGE 1 OF 1
01321/010611-2021

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 B
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

FROM TO

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

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 603-344-3424	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 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**
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

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	06	01	TO	01	06	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			
PH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.8	(12)	0	4/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	*****	0.1	(03)	*****	*****	*****		0	4/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	HGD	*****	*****	*****	****		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.	TELEPHONE	DATE			
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)
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.

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

NY0005835
PERMIT NUMBER

002 Q
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	04	01	01	06	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			
CHLOROFORM 32106 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	7 UG/L		QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	5 UG/L		QTRLY	GRAB
BROMODICHLOROMETHANE EFFLUENT 38693 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	50 UG/L		QTRLY	GRAB
1-HYDROXY-ETHYLIDENE 85812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	0.5 MG/L		QTRLY	GRAB
TOLYTRIAZOLE 85813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	0.2 MG/L		QTRLY	GRAB
	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)
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS
SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR DETECTOR
EPA Form 3320-1 (REV 3/99) Previous editions may be used. THIS IS A 4-PART FORM PAGE 1 OF 1

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**

NY0005835
PERMIT NUMBER

002 R
DISCHARGE NUMBER

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

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
FROM 01	04	01	TO 01	06	30

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

ATTN: **GEORGE MALOSH, GROUP MGR**

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			
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
85812 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5	DAILY MX MG/L			QTRLY GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
TOLYTRIAZOLE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2	DAILY MX MG/L			QTRLY GRAB
See Note 2	SAMPLE MEASUREMENT										
85813 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****					
EFFLUENT GROSS VALUE	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	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	603-34-3124	AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED							

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

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

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

003 M
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	06	01	TO	01	06	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	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.7	(12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	9.0	MAXIMUM SU		ONCE/MONTH	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15	DAILY MX MG/L		ONCE/MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.9	(03)	*****	*****	*****		0	4/MO	RCORDR
	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										
	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		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

003 0
 DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL
HFBR & AGS NON-C COOL ETC (HO)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	04	01	01	06	30

FROM

***** 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			
ZINC, TOTAL See Note 1 (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.005	(19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5.0	DAILY MX MG/L		QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5	DAILY MX UG/L		QTRLY	GRAB
2,2DIBROMO-3-NITRILOPROPIONAMIDE 76993 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODIC	(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.5	DAILY MX MG/L		QTRLY	GRAB
1-HYDROXY-ETHYLIDENE See Note 10 85812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODIC	(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.5	DAILY MX MG/L		QTRLY	GRAB
TOLYTRIAZOLE See Note 10 85813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODIC	(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.2	DAILY MX MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland <i>Area Group Manager</i>	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 6031-344-3424	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)
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NY0005835
 PERMIT NUMBER

004 M
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	TO	01	06 30

***** 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	*****	*****			*****					
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	(12)			ONCE/ GRAB MONTH
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	NO DISCHARGE	(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	*****	REPORT DAILY MX MGD		*****	*****	*****	****			ONCE/ RCORDR MONTH
See Note 7	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

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

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 Q
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	04	01	TO	01	06 30

***** 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			
1,1-DICHLOROETHYLENE 34501 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		QTRLY	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 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)
NO ADDITIONAL WATER TREATMENT CHEMICALS W/O PRIOR NYSDEC APPROVAL
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

005 M
 DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL
NSLS COOLING TOWER BLON ETC(HS)

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

FROM

TO

***** 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		*****	*****		7.3	*****	8.0	(12)	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT - MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	0.2	(03)	*****	*****	*****		0	4/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	RCORDR
See Note 3											

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: 621-344-3424
 DATE: 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**

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NY0005835
 PERMIT NUMBER

005 Q
 DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL
NLSL COBLG TWR BLOWN ETC(HS)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	04	01	TO	01	06 30

***** 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			
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.002	(19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB
1-HYDROXY-ETHYLIDENE 85812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE 85813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB
	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	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 031-34-3424	AREA CODE	NUMBER

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

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

007 M
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	06	01	TO	01	06	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			
FLOW RATE See Note 3	SAMPLE MEASUREMENT	*****	160,000	(07)	*****	*****	*****		0	1/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		6.0	*****	6.0	(12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****	287,000	(28)	0	1/MO	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		ONCE/ MONTH	GRAB
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****	261	(28)	0	1/MO	GRAB
01046 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		ONCE/ MONTH	GRAB
	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	AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED							

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

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 MALOSH, GROUP MGR**

NY0005835
 PERMIT NUMBER

008 M
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	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			
FLOW RATE See Note 5		*****	6,494	(07)	*****	*****	*****		0	1/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	SPD	*****	*****	*****	****		ONCE/ MONTH	INSTAN
PH		*****	*****		6.0	*****	6.0	(12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	<5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
1, 1-DICHLOROETHYLENE		*****	*****		*****	*****	<1	(28)	0	1/MO	GRAB
34501 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
1, 1, 1-TRICHLORO-ETHANE		*****	*****		*****	*****	<1	(28)	0	1/MO	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB

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

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

NY0005835
PERMIT NUMBER

010 M
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

FROM TO

***** 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 5	SAMPLE MEASUREMENT	*****	2,624	(07)	*****	*****	*****		0	1/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX GPD		*****	*****	*****	***		ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		6.4	*****	6.4	(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										

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	681-344-3424	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 **BROOKHAVEN NATIONAL LABORATORY**
LOCATION **UPTON NY 11973**
ATTN: **GEORGE HALOSH, 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	06	01	01	06	30

FROM TO

***** 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			
PH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.0	(12)	0	4/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	*****	0.07	(03)	*****	*****	*****		0	4/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
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
FACILITY **UPTON** NY **11973**
LOCATION **BROOKHAVEN NATIONAL LABORATORY**
UPTON NY **11973**
ATTN: **GEORGE MALOSH, GROUP MGR**

NY0005835
PERMIT NUMBER

06A Q
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	04	01	01	06	30

FROM TO

***** 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			
1-HYDROXY-ETHYLIDENE		*****	*****		*****	*****	(19)		0	QTRLY	GRAB
85812 1 0 0		*****	*****	****	*****	*****	0.5		0	QTRLY	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	DAILY MX	MG/L			
TOLYTRIAZOLE		*****	*****		*****	*****	<0.005	(19)	0	QTRLY	GRAB
85813 1 0 0		*****	*****	****	*****	*****	0.2		0	QTRLY	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	DAILY MX	MG/L			

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)
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENT AND REQUIREMENTS

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

068 M
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

FROM

TO

***** 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	*****	*****		7.4	*****	7.9	(12)	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0	MAXIMUM SU		ONCE/ MONTH	GRAB
DIL & 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	4/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
 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
 6031-344-3424
 DATE
 AREA CODE NUMBER YEAR MO DAY

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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 Q
DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL
COOLG TOWRS FROM 919 ETC (HT2)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 01	04	01	TO 01	06	30

***** 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			
I-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.05	(19)	0	QTRLY	GRAB
85812 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5			QTRLY	GRAB
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
TOLYTRIAZOLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.005	(19)	0	QTRLY	GRAB
85813 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2			QTRLY	GRAB
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
	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

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)

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS