

**BROOKHAVEN**  
NATIONAL LABORATORY

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

www.bnl.gov

April 20, 2001

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

Dear Mr. Holland:

**SUBJECT: NPDES - Discharge Monitoring Report (DMR) for March 2001**  
**REFERENCE: Letter from Robert Desmarais to Cunniff dated March 27, 2001**

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

With the exception of two excursions for zinc measured at Outfall 001, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. A Noncompliance Report regarding the continued release of zinc from the BNL sewage treatment plant and a description of the investigations conducted to date are included as Attachment V.

On March 13, 2001, Laboratory staff confirmed the release of heat transfer fluid from the Building 902 helium compressors to the cooling water system. This system rejects heat via the Building 902 cooling tower, which discharges to the BNL sewage treatment plant. A summary of this incident is included as Attachment VI.

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.

April 20, 2001

Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of March 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 April 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,



L. Cunniff, CEP  
Division Manager

LEC/MA:pvg

- Attachment I: Discharge Monitoring Report for March 2001.
- Attachment II: Analytical Results from H2M Labs for samples collected on 3/5/01, 3/7/01 and 3/9/01 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.
- Attachment V: Non-Compliance Report for March SPDES Permit Excursion at Outfall 001 and previous excursion investigation report.
- Attachment VI: Summary of March 13, 2001 loss of heat transfer fluid from the Building 902 helium compressor cooling water system.

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

EC62ER.01

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

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

1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
2. There was no discharge from Outfalls 002A and 002B during this reporting period.
3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
4. 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
1-86B	92 GPD	5.7 SU	65.2 mg/L	< 10 µg/L	1030 µg/L	< 5.0 µg/L
1-93A <sup>(a)</sup>	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
1-93B	13 GPD	6.7 SU	23.1 mg/L	< 10 µg/L	3080 µg/L	< 5.0 µg/L
<b>Total Flow</b>	105 GPD					

Notes:

- a. 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 laboratory duplicate analysis wasn't within the control limits.
8. The concentration is an estimated value. In addition, the analyte was found in the associated laboratory blank.
9. The total zinc concentration was above the SPDES limit for two samples collected in March. Please see Attachment V for a description of this excursion and a summary investigation report for previous excursions at Outfall 001.
10. On March 13, 2001 there was a loss of heat transfer fluid to the Building 902 helium compressor cooling water system. A summary report of this incident is included in Attachment VI.

11. 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.

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

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

Form Approved.  
OMB No. 2040-0004

NY0005825  
PERMIT NUMBER  
001-A  
DISCHARGE NUMBER

MAJOR  
(SUBR 01)  
FINAL  
ACID/CAUSTIC CLEANS RINSE 535B

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	01	03	31

\*\*\* NO DISCHARGE \*\*\*  
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			
FLOW RATE See Note 3	00056 1 0 0	*****	2,793	(07)	*****	*****	*****	*****	0	QTRLY	RCORDR
EFFLUENT GROSS VALUE	PH	*****	*****	*****	6.9	*****	6.9	(12)	0	QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE	00400 1 0 0	*****	*****	*****	*****	*****	<10	(28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PH	*****	*****	*****	*****	*****	<10	(28)	0	QTRLY	GRAB
DI-N-BUTYL PHTHALATE	09110 1 0 0	*****	*****	*****	*****	*****	<10	(28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PH	*****	*****	*****	*****	*****	<10	(28)	0	QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Michael Holland  
Area Office Manager  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

NAME: **U S D O E**  
ADDRESS: **BROOKHAVEN NATIONAL LABORATORY**  
**53 BELL AVE, BLDG 454**  
FACILITY LOCATION: **UPTON NY 11973**  
**BROOKHAVEN NATIONAL LABORATORY**  
**UPTON NY 11973**

NY0005835  
PERMIT NUMBER

0018  
DISCHARGE NUMBER

MAJOR (SUBR 01)  
F - FINAL  
RINSE FROM CENTRAL DEGREASER 498

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	01	01	TO	01	03	31

\*\*\* NO DISCHARGE \*\*\*  
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			
FLOW RATE See Note 3 00056 1 0 0	PERMIT REQUIREMENT	*****	152	( 07 )	*****	*****	*****	0	QTRLY	RCORDR
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	DAILY GPD	*****	*****	*****	0	QTRLY	RCORDR
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
CHROMIUM, TOTAL (AS CR) See Note 7 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	72.8	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	393	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2510	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
MANGANESE, TOTAL (AS MN) 01055 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.8	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
NICKEL, TOTAL See Note 1 (AS NI) Note 1 01067 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.8	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Michael Holland**  
Area Office Manager  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER

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

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)

Form Approved, OMB No. 2040-0004

NY0005835 PERMIT NUMBER  
 001 8 DISCHARGE NUMBER

MAJOR (SUBR 01)  
 F - FINAL  
 RINSE FROM CENTRAL DEGREASER 498

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	TO	01	03 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) 01092 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	198	(28)	0	QTRLY	GRAB
1,2-DICHLOROETHANE 02103 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	<1	(28)	0	QTRLY	GRAB
CHLOROFORM 02106 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	<1	(28)	0	QTRLY	GRAB
1,1-TRICHLOROETHANE 4506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	<1	(28)	0	QTRLY	GRAB
1,1-DICHLOROMETHANE 8693 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	<1	(28)	0	QTRLY	GRAB
DI(2-ETHYLHEXYL) PHTHALATE See Note 8 9100 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	3	(28)	0	QTRLY	GRAB
[N-BUTYL PHTHALATE 0110 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	<10	(28)	0	QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Michael Holland  
 Area Office Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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  
 PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

Form 3320-1 (REV 3/99) Previous editions may be used



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**

NY 0005015 PERMIT NUMBER  
001-B DISCHARGE NUMBER

MAJOR (SUBR 01)  
F - FINAL  
RINSE FROM CENTRAL DEGREASER 498

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	01	03	31

FROM

TO

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

ATTN: GEORGE MALOSH, GROUP MGR

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PERETRACHLOROETHYLENE		*****	*****		*****	*****	<1	(28)	0	QTRLY	GRAB
35814 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	REPORT DAILY	MG/L		STRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Michael Holland</b> <b>Area Office 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
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/D 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

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

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

Form Approved.  
OMB No. 2040-0004

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  
001-0 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO.	DAY	YEAR	MO.	DAY
01	01	01	TO	01	03 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 6 0056 1 0 0	SAMPLE MEASUREMENT	*****	105	( 07 )	*****	*****	*****		0	QTRLY	RCORDE
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	DAILY	GPD	*****	*****	*****		0	QTRLY	RCORDE
PH See Note 6 0400 1 0 0	SAMPLE MEASUREMENT	*****	*****		5.7	*****	5.7	( 12 )	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU	0	QTRLY	GRAB
NITROGEN, TOTAL (AS N) See 0600 1 0 0 Note 6	SAMPLE MEASUREMENT	*****	*****		*****	*****	65.2	( 19 )	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	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	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRAB
SILVER, TOTAL See Note (AS AG) 6 1077 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	3080	( 28 )	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRAB
PHENOLICS, TOTAL RECOVERABLE See Note 6 2730 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	25	( 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  
**Michael Holland**  
Area Office Manager  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL  
SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING  
IF PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NAME **U S D D 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**

<b>NY0005835</b>	<b>001-E</b>
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
FROM <b>01 01 01</b>	TO <b>01 03 31</b>

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

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 3 00056 1 0 0	PERMIT REQUIREMENT	*****	200	( 07)	*****	*****	*****		0	QTRLY	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY	SPD	*****	*****	*****	*****		QTRLY	RCORDR
PH 00400 1 0 0	PERMIT REQUIREMENT	*****	*****		9.5	*****	10.0	( 12)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		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	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>Michael Holland</b> <b>Area Office 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)

**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**

**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**

**NY0005075**  
 PERMIT NUMBER

**001 F**  
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	TO	01	03 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			
LOW RATE See Note 3 10056 1 0 0 EFFLUENT GROSS VALUE		*****	2,905	( 07)	*****	*****	*****	0	QTRLY	RCORDR
		*****	REPORT DAILY MX	*****	*****	*****	*****	0	QTRLY	RCORDR
PH		*****	*****	*****	7.8	*****	7.8 ( 12)	0	QTRLY	GRAB
10400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	REPORT MINIMUM	*****	REPORT MAXIMUM SU	0	QTRLY	GRAB
PROPYLENE GLYCOL MONOBUTYL ETHER 9875 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	<500 ( 28)	0	QTRLY	GRAB
		*****	*****	*****	*****	*****	REPORT DAILY MX 15/1			
See Note 10										

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

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**

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

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

Form Approved.  
 OMB No. 2040-0004

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

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	03	01	TO	01	03	31

\*\*\* NO DISCHARGE I... \*\*\*  
 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 0011 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	57	( 15)	0	5/7	GRAB
EFFLUENT GROSS VALUE 100, 5-DAY (20 DEG. C) 00310 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	DEG. F	0	3/MO	COMP24
EFFLUENT GROSS VALUE PH 00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY AV	MG/L	0	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L	0	5/7	GRAB
EFFLUENT GROSS VALUE SOLIDS, SETTLEABLE 00545 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	ML/L	0	3/MO	COMP24
EFFLUENT GROSS VALUE NITROGEN, TOTAL (AS N) 00600 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L	0	3/MO	COMP24
EFFLUENT GROSS VALUE NITROGEN, AMMOVIA TOTAL (AS N) 00610 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L	0	3/MO	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Michael Holland  
 Area Office Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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**

<b>NY0005035</b> PERMIT NUMBER			<b>001-N</b> DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	03	01	TO	01	03	31

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

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS, TOTAL (AS P) 0665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.2	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REDDY DAILY MX	MG/L		ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN) 0720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	410	(28)	0	3/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	200 DAILY MX	UG/L		TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU) 1042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.07	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24
IRON, TOTAL (AS FE) 1045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.30	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB) See Note 1 1051 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
MICKEL, TOTAL (AS NI) Note 1 1067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.006	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24
ZINC, TOTAL (AS AG) Note 1 1077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.003	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael Holland  
Area Office Manager

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

631 344-3424

AREA CODE NUMBER YEAR MO DAY

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

ACTIVITIES 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.

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**

NY0005835  
 PERMIT NUMBER

001-M  
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	03	01	01	03	31

\*\*\* NO DISCHARGE \*\*\*  
 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) See Note 9 01092 1 0 0	EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.2	(19)	2	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.1	DAILY MX MG/L		ONCE/MONTH	COMP24
TOLUENE 84010 1 0 0	EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<1	(28)	0	3/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5	DAILY MX UG/L		TWICE/MONTH	GRAB
METHYLENE CHLORIDE 84423 1 0 0	EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<1	(28)	0	3/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5	DAILY MX UG/L		TWICE/MONTH	GRAB
1,1,1-TRICHLOROETHANE 84506 1 0 0	EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<1	(28)	0	3/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5	DAILY MX UG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	EFFLUENT GROSS VALUE	0.4	0.7	(03)	*****	*****	*****		0	CONTINUOUS RECORDR	
	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	*****	*****	*****	*****		CONTINRCORDR	
MERCURY, TOTAL (AS HG) See Note 1 71900 1 0 0	EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.0001	(19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.0005	DAILY MX MG/L		ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL See Note-1 74055 1 0 0	EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<2	(13)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200	DAILY AV		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Michael Holland**  
 Area Office Manager  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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

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

**NY0005835**  
 PERMIT NUMBER

**001-N**  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	YEAR	MO.	DAY	
01	03	01	TO	01	03	31

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

Form Approved.  
 OMB No. 2040-0004

\*\*\* 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			
- BUTANONE 8356 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(28)		0 3/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50	UG/L		TWICE/MO	GRAB
COD, 5-DAY PERCENT REMOVAL 1010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		786	*****	*****	(23)		0 1/MO	CALC'D
	PERMIT REQUIREMENT	*****	*****	*****	NO AV MN	*****	*****	PERCENT		ONCE/MO	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL 1011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		797	*****	*****	(23)		0 1/MO	CALC'D
	PERMIT REQUIREMENT	*****	*****	*****	NO AV MN	*****	*****	PERCENT		ONCE/MO	CALC'D
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**Michael Holland**  
**Area Office Manager**

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

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

Form Approved.  
OMB No. 2040-0004

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**

**NY0005835**  
PERMIT NUMBER

**001 0**  
DISCHARGE NUMBER

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

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	TO	01	03 31

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

ATTN: **GEORGE MALDSH, 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			
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.065	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY NY 16/1			QTRLY	GRAB
See Note 4	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Michael Holland**  
**Area Office Manager**  
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

PCB ANALYSIS TO USE EPA METHOD 608 WITH AN MDL GOAL OF 0.065 PPB

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**  
 LT TN: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
 PERMIT NUMBER

**002-1**  
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	03	01	TO	01	03 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			
0400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE / GRAB	MONTH
0556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY-MX	MG/L		ONCE / GRAB	MONTH
0050 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  
**Michael Holland**  
**Area Office Manager**  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE SW COLLECTION SYS IS EXTENDED TO 1010, THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #002 & BRHMS C T B SHOULD BE DIRECTED TO NEW RECHARGE BASIN. NO TRI CHEMS WITHOUT PRIOR DEPT APPROVAL**

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**

**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	03	01	TO	01	03 31

**\*\*\* NO DISCHARGE \*\*\***  
 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			
PH	SAMPLE MEASUREMENT	*****	*****			*****			( 12 )		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	9.0			ONCE/ GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****			( 19 )		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15			ONCE/ GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	No Discharge	( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	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  
**Michael Holland**  
**Area Office Manager**  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**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: **UPTON** NY **11973**  
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	03	01	TO	01	03 31

\*\*\* NO DISCHARGE 1/1/01 \*\*\*  
NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
0400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE		*****	*****		6.2	*****	7.3	(12)	0	4/MO	GRAB
		*****	*****	***	REPORT MINIMUM	*****	7.0	SU		ONCE/MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT		*****	*****		*****	*****	45	(19)	0	1/MO	GRAB
		*****	*****	***	*****	*****	15	DAILY-MX		ONCE/MONTH	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE		*****	0.06	(03)	*****	*****	*****	MG/L	0	4/MO	RCORDE
		*****	REPORT DAILY-MX	MGD	*****	*****	*****	*****		ONCE/MONTH	RCORDE
See Note 3											

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			
Michael Holland Area Office 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)

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 US DOE  
 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 ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

NY0005835 PERMIT NUMBER  
 0020 DISCHARGE NUMBER

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

Form Approved.  
 OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	TO	01	03 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			
2106 1 0 0 FFLUENT GROSS VALUE 1,1-TRICHLORO- THANE	*****	*****	*****	*****	*****	*****	<1	(28)	0	QTRLY GRAB	
4506 1 0 0 FFLUENT GROSS VALUE ROMDICHLORDMETHANE FFLUENT	*****	*****	*****	*****	*****	*****	<1	(28)	0	QTRLY GRAB	
8693 1 0 0 FFLUENT GROSS VALUE -HYDROXY-ETHYLIDENE	*****	*****	*****	*****	*****	*****	<0.05	(19)	0	QTRLY GRAB	
5812 1 0 0 FFLUENT GROSS VALUE OLYTRIAZOLE	*****	*****	*****	*****	*****	*****	<0.005	(19)	0	QTRLY GRAB	
5813 1 0 0 FFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	<0.2	(19)	0	QTRLY GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Michael Holland**  
 Area Office Manager

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 631 344-3424  
 DATE  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 0 ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL  
 EE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS  
 SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STATION DETECTOR

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

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

Form Approved.  
OMB No. 2040-0004

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

**NY0005835**  
PERMIT NUMBER

**002 R**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	01	01	TO	01	03	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			
-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
5812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY RX	MG/L		QTRLY GRAB	
OLYTRIAZOLE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
5813 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY RX	MG/L		QTRLY GRAB	
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Michael Holland**  
**Area Office Manager**  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

**NY0005835**  
 PERMIT NUMBER

**003-N**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	03	01		01	03	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	*****	*****		6.0	*****	7.2	(12)	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	920	0	ONCE/MO	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	25	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15	DAILY-MX	0	ONCE/MO	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.3	(03)	*****	*****	*****	MG/L	0	4/MO	RCORDR
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT	*****	*****	*****	*****	*****	0	ONCE/MO	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NY0005935  
PERMIT NUMBER

093 0  
DISCHARGE NUMBER

MAJOR (SUBR 01)  
FC - FINAL  
HFBR & AGS NON-C COOL ETC (40)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	TO	01	03 31

\*\*\* NO DISCHARGE \*\*\*  
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			
INC, TOTAL AS ZN) See Note 1 1092 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-TRICHLORO-THANE 4506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<	(28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5	DAILY MX MG/L		QTRLY	GRAB
,2DIBROMO-3-NITRILOPROPIONAMIDE See Note 6993 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI C	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5	DAILY MX MG/L		QTRLY	GRAB
-HYDROXY-ETHYLIDENE See Note 5812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI C	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5	DAILY MX MG/L		QTRLY	GRAB
OLYTRIAZOLE See Note 5813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI C	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2	DAILY MX MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Michael Holland</b> <b>Area Office 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		DATE		
		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)

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

**NY0005835**  
 PERMIT NUMBER

**005-H**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	03	01	TO	01	03	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		*****	*****		5.5	*****	5.5	( 12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	5.5	SU	0	ONCE/MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE		*****	0.004	( 03)	*****	*****	*****		0	1/MO	RECORD
		*****	REPORT DAILY MAX	MGD	*****	*****	*****	****	0	ONCE/MONTH	RECORD
See Note 3											

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

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

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

Form Approved.  
OMB No. 2040-0004

NAME **U S D D E**  
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**53 BELL AVE, BLDG 464**

**NY0005835**  
PERMIT NUMBER

**004-0**  
DISCHARGE NUMBER

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

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	TO	01	03 31

\*\*\* 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-DICHLORODETHYLENE 4501 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5	DAILY MX	UG/L		QTRLY GRAB
1,1-TRICHLORO-THANE 4506 1 0 0 FFLUENT 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  
**Michael Holland**  
**Area Office Manager**

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **631 344-3424**  
DATE

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

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

NY0005835 PERMIT NUMBER  
 095 M DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	03	01	TO	01	03	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			
10400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		5.8	*****	7.4	(12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5	MAXIMUM SU		ONCE/ MONTH	GRAB
10556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY MK MG/L		ONCE/ MONTH	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.3	(03)	*****	*****	*****		0	4/MO	RCORDR
	PERMIT REQUIREMENT	*****	REPORT	DAILY MK 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  
**Michael Holland**  
 Area Office Manager

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

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

Form Approved.  
 OMB No. 2040-0004

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

005 0  
 DISCHARGE NUMBER

MAJOR (SUBR 01)  
 F - FINAL  
 NSLS COOLG TWR BLOWDN ETC(HS)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	TO	01	03 31

FROM

TO

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

ATTN: GEORGE MALOSH, GROUP MGR

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.006	(19)	0	QTRLY	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.05	(19)	0	QTRLY	GRAB
L-HYDROXY-ETHYLIDENE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB
15812 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.005	(19)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB
POLYTRIAZOLE	SAMPLE MEASUREMENT										
15813 1 0 0	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Michael Holland**  
 Area Office Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

0 ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL  
 EE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

JAME  
 ADDRESS **U S D O E**  
**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-N**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	03	01	TO	01	03	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			
LOW RATE See Note 3 10056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	560.000	( 07)	*****	*****	*****		0	14/MO	INSTAN
	PERMIT REQUIREMENT	*****	REPORT DAILY MX GPD		*****	*****	*****	****		ONCE/MO	INSTAN
10400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.5	*****	6.5	( 12)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	MAXIMUM	SU		ONCE/MO	GRAB
10405 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	116.000	( 28)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		ONCE/MO	GRAB
1046 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	675	( 28)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		ONCE/MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <b>Michael Holland</b> <b>Area Office Manager</b>  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  <b>631 344-3424</b>	DATE		
			AREA CODE	NUMBER	YEAR
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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.**

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**

<b>NY0005925</b> PERMIT NUMBER			<b>000-N</b> DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	03	01	TO	01	03	31

**MAJOR (SUBR 01)**  
**F - FINAL**  
**STORMWTR RUNOFF WAREHOUSE (HW)**  
**\*\*\* 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			
FLOW RATE See Note 5 00056 1 0 0		*****	52,846	( 07 )	*****	*****	*****	0	1/MO.	INSTANT
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MAX GPD		*****	*****	*****		ONCE/MONTH	INSTANT
PH		*****	*****		6.4	*****	6.4	0	1/MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	REPORT MINIMUM	*****	*****	3.5 MAXIMUM		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	0	1/MO	GRAB
DIL & GREASE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MAX		ONCE/MONTH	GRAB
00556 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MAX		ONCE/MONTH	GRAB
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	0	1/MO	GRAB
04501 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MAX		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	0	1/MO	GRAB
1,1,1-TRICHLOROETHANE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MAX		ONCE/MONTH	GRAB
04506 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MAX		ONCE/MONTH	GRAB

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

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**  
CITY: **UPTON** STATE: **NY** ZIP: **11973**  
LOCATION: **BROOKHAVEN NATIONAL LABORATORY**  
**UPTON** STATE: **NY** ZIP: **11973**  
ATTN: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
PERMIT NUMBER

**0104**  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	03	01	01	03	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			
LOW RATE See Note 5 0056 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	31,102	( 07 )	*****	*****	*****		0	1/MO	INSTAN
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
H 0400 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.5	*****	6.5	( 12 )	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
IL & GREASE 0556 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	( 19 )	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

**NY0005835**  
 PERMIT NUMBER

**06A-H**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	03	01	TO	01	03	31

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

ATTN: **GEORGE MALOSH, GROUP MGR**

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
0400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		6.4	*****	7.3	(12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	MAXIMUM	SU		ONCE/	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	15	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY	MG/L		ONCE/	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.1	(03)	*****	*****	*****		0	1/MO	RCORDR
	PERMIT REQUIREMENT	*****	REPORT	MGD	*****	*****	*****	****		ONCE/	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  
**Michael Holland**  
 Area Office Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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



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

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

Form Approved.  
OMB No. 2040-0004

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

05A 9  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO.	DAY	YEAR	MO.	DAY
01	01	01	TO	01	03 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			
L-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.05	(19)	0	QTRLY	GRAB
35812 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5			QTRLY	GRAB
EFFLUENT GROSS VALUE				****			DAILY MAX	MG/L			
POLYTRIAZOLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.005	(19)	0	QTRLY	GRAB
35813 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2			QTRLY	GRAB
EFFLUENT GROSS VALUE				****			DAILY MAX	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	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		
Michael Holland Area Office Manager		631 344-3424		1		
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 ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL  
SEE PERMIT FOR ADDITIONAL NOTES, COMMENT 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

**068 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
FROM **01 03 01** TO **01 03 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	*****	*****		6.7	*****	7.3	( 12)	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	2.0	SI		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		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.04	( 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 <b>Michael Holland</b> Area Office Manager	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	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 & REQUIREMENTS**

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

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

Form Approved  
OMB No. 2040-0004

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 0**  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	01	03	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			
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.05	(19)	0	QTRLY	GRAB
85812 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5			QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MK	MG/L			
TOLYTRIAZOLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.005	(19)	0	QTRLY	GRAB
85813 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2			QTRLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MK	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	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>Michael Holland</b> <b>Area Office Manager</b>		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED						

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**