

BROOKHAVEN
NATIONAL LABORATORY

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

www.bnl.gov

June 21, 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 May 2001
REFERENCE: Letter from Robert Desmarais to Cunniff dated May 18, 2001

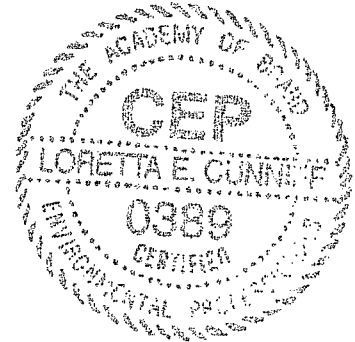
Included as Attachment I, please find the DMR for the month of May 2001. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

All parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 001, 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of May 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 June 28, 2001. If there are any questions regarding the information contained on the DMR or the analytical data packages, please do not hesitate to contact R. Lee at extension 3148 or M. Allocco at extension 3166.

Sincerely,

Lori Cunniff, CEP
Division Manager



LEC/MA:pvg

Attachment I: Discharge Monitoring Report for May 2001.

Attachment II: Analytical Results from H2M Labs for samples collected on 5/3/01, 5/7/01, 5/10/01, and 5/14/01 from Outfall 001.

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

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

EC62ER.01

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

1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
2. There was no discharge from Outfalls 002A and 002B during this reporting period. In May Outfalls 002A and 002B were connected to the stormwater collection systems and no longer discharge locally. The cooling water discharge from Bldg. 1002 (002A) is now directed to Outfall 002B located at Building 1004. The cooling water discharge from Bldg. 1010 is now directed to Outfall 002 (HN). A SPDES permit modification package is being prepared to reflect this change.
3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
4. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
5. The Environmental Services Division was notified in early June that the cooling water discharge from the Brookhaven Medical Research Reactor would be terminated due to the permanent shutdown of the facility. A SPDES permit modification package is being prepared to reflect this change.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR MAY 2001

FOR OUTFALLS NO. 001 - 010

NAME: **US DOE**
ADDRESS: **BROOKHAVEN NATIONAL LABORATORY**
53 BELL AVE., BLDG 464
CITY: **UPTON** STATE: **NY** ZIP: **11973**
LOCATION: **BROOKHAVEN NATIONAL LABORATORY**
UPTON STATE: **NY** ZIP: **11973**

NY 0005435 PERMIT NUMBER
001-H DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 01 05 01 TO 01 05 31

MAJOR (SUBR 01)
FINAL
PROCESS SANIT STORMWTR RNOFF
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
PHOSPHORUS, TOTAL (AS P) 0665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.6	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MAX	MG/L	0	ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN) 0720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<10	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MAX	UG/L	0	ONCE/MONTH	GRAB
COPPER, TOTAL (AS CU) 1042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.059	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MAX	MG/L	0	ONCE/MONTH	COMP24
IRON, TOTAL (AS FE) 1045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.21	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MAX	MG/L	0	ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB) See Note 1 1051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.001	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MAX	MG/L	0	ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI) See Note 1 1067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.004	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MAX	MG/L	0	ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG) See Note 1 1077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.002	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MAX	MG/L	0	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 NUMBER: **631 344-3424**
DATE: _____
AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DAY: _____

REMARKS 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

AME U S D O E
DDRESS 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		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	05	01	01	05	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			
TEMPERATURE, WATER DEG. FAHRENHEIT 0011 1 0 0	PERMIT REQUIREMENT	*****	*****	DEG.F	*****	*****	68	(15)	0	5/7	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY (20 DEG. C) 00310 1 0 0	PERMIT REQUIREMENT	*****	*****	MG/L	*****	< 8.5	15	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE PH 00400 1 0 0	PERMIT REQUIREMENT	*****	*****	UNIT	*****	*****	7.1	(12)	0	5/7	GRAB
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00530 1 0 0	PERMIT REQUIREMENT	*****	*****	MG/L	*****	4.5	5	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE SOLIDS, SETTLEABLE 00545 1 0 0	PERMIT REQUIREMENT	*****	*****	MG/L	*****	*****	0.0	(25)	0	5/7	GRAB
EFFLUENT GROSS VALUE NITROGEN, TOTAL (AS N) 00600 1 0 0	PERMIT REQUIREMENT	*****	*****	MG/L	*****	*****	6	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	PERMIT REQUIREMENT	*****	*****	MG/L	*****	*****	0.4	(19)	0	2/MO	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 631 344-3424
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
THIS IS A 4-PART FORM PAGE 1 OF

ME

USDOE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

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

NY0005835
PERMIT NUMBER

001 M
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	05	01	01	05	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
CIN, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.07	(19)	0	2/MO	COMP24
1092 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L	0	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	2/MO	GRAB
010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L	0	ONCE/GRAB	MONTH
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	2/MO	GRAB
ETHYLENE CHLORIDE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L	0	ONCE/GRAB	MONTH
423 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	2/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L	0	ONCE/GRAB	MONTH
1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	2/MO	GRAB
506 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L	0	ONCE/GRAB	MONTH
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.4	0.6	(03)	*****	*****	*****		0	CONTINUOUS	RECORDR
LOW, IN CONDUIT OR	PERMIT REQUIREMENT	REPORT	2.3		*****	*****	*****	****	0	CONTINUOUS	RECORDR
IRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0001	(19)	0	2/MO	COMP24
050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L	0	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2	(13)	0	2/MO	GRAB
MERCURY, TOTAL (AS HG)	PERMIT REQUIREMENT	*****	*****	****	*****	*****	200	400 #/	0	ONCE/GRAB	MONTH
900 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	DAILY AV	DAILY MX	100ML		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****
UNIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2	(13)	0	2/MO	GRAB
NERAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	200	400 #/	0	ONCE/GRAB	MONTH
055 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2	(13)	0	2/MO	GRAB
EFFLUENT GROSS VALUE	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.

Mr. Michael Holland
Area Group Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631-344-3424

DATE

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 INCLUDE 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: **USDOE**
 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		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 01	05	01	TO 01	05	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			
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50 DAILY MAX	UG/L		ONCE/MO	GRAB
EFFLUENT GROSS VALUE 300, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		>94	*****	*****	(23)	0	1/MO	CALCT
	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MO	CALCT
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		>97	*****	*****	(23)	0	1/MO	CALCT
	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MO	CALCT
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
PERCENT REMOVAL	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		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
 THIS IS A 4-PART FORM PAGE 1 OF 4

U S D O E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 CITY 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

NY 0005835
 PERMIT NUMBER

002 A
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY	
01	05	01	TO	01	05	31

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

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		*****	*****			*****			(12)		
		*****	*****	***	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****			*****			(19)		
0050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***		*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
See Note 2		*****	No Discharge	(03)	*****	*****	*****				
		*****	REPORT DAILY MX	MGD	*****	*****	*****	***		ONCE/ MONTH	RCORDR

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

RECHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE SW COLLECTION SYS IS EXTENDED TO 1010, THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #002 & BRAHMS C T B SHOULD BE DIRECTED TO NEW RECHARGE BASIN. NO TRT CHEMS WITHOUT PRIOR DEC APPROVAL.

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

NY0005835
PERMIT NUMBER

002 B
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	05	01	TO	01	05	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	*****	*****			*****			(12)		
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0	SU		ONCE/MONTH	GRAB
10556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****			(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY MX MG/L		ONCE/MONTH	GRAB
10050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	No. Discharge	(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT	DAILY MX MGD	*****	*****	*****	****		ONCE/MONTH	RECORD
See Note 2	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)

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.

USDOE
 ADDRESS: BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 CITY: UPTON NY 11973
 FACILITY: BROOKHAVEN NATIONAL LABORATORY
 UPTON NY 11973
 POINT: GEORGE MALOSH, GROUP MGR

NY0005835
 PERMIT NUMBER

002 M
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 01 05 01 TO 01 05 31

MAJOR (SUBR 01)
 F - FINAL
 AGS NON-C COOLING, PRCP, ETC (HN)
 *** 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			
1400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		6.3	*****	7.5	(12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU	0	ONCE/MONTH	GRAB
1556 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR RUR TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L	0	ONCE/MONTH	GRAB
1050 1 0 0 EFFLUENT GROSS VALUE See Note 3	SAMPLE MEASUREMENT	*****	0:06	(03)	*****	*****	*****		0	4/MO	RCORDR
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****	0	ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael Holland
 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
 AREA CODE NUMBER YEAR MO DAY

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

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

NY0005835 PERMIT NUMBER
 003 N DISCHARGE NUMBER
 MONITORING PERIOD
 FROM 01 05 01 TO 01 05 31

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

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
0400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.5	(12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***						ONCE / MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***						ONCE / MONTH	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.3	(03)	*****	*****	*****		0	4/MO	RECORD
	PERMIT REQUIREMENT	*****	REPORT DAILY MAX HGD							ONCE / MONTH	RECORD
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 631 344-3424
 DATE: 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)
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

004 M
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	05	01	TO	01	05 31

***** NO DISCHARGE *****

NOTE: Read Instructions before completing this form.

ATTN: GEORGE MALOSH, GROUP MGR

PARAMETER	X	QUANTITY OF 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		*****	*****		6.0	*****	6.0	(12)	0	1/MO	GRAB
LOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		ONCE/	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE		*****	0.01	(03)	*****	*****	*****		0	1/MO	RECORDR
see Note 5		*****	REPORT DAILY MAX MGD		*****	*****	*****	*****		ONCE/	RECORDR

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
 AREA CODE NUMBER YEAR MO DAY

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

ME US DOE
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 CITY UPTON NY 11973
 LOCATION BROOKHAVEN NATIONAL LABORATORY
 UPTON NY 11973
 TTN: GEORGE MALOSH, GROUP MGR

NY0005835 PERMIT NUMBER			005 M DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	05	01	TO	01	05	31

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

*** 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			
H 0400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.4	(12)	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MAXIMUM	*****	MAXIMUM	SU	ONCE/MONTH	GRAB
IL & GREASE 10556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(19)	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DA DLY MX	MG/L	ONCE/MONTH	GRAB
LOW, IN CONDUIT OR THRU TREATMENT PLANT 10050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.2	(03)	*****	*****	*****		4/MO	RECORDR
	PERMIT REQUIREMENT	*****	REPORT	DAILY MX MGD	*****	*****	*****	****	ONCE/MONTH	RECORDR
See Note 3	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

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

NY 0005836 PERMIT NUMBER			007-N DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	05	01	01	05	31

MAJOR (SUBR 01)
 F - FINAL
 WATER TREATMENT PLT BKWSH (HX)
 *** 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			
LOW RATE see Note 3 0056 1 0 0 EFFLUENT GROSS VALUE	***** 200,000	***** REPORT DAILY MX GPD	(07)	*****	*****	*****	*****	0	10/MO	INSTAN	
0400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	6.8	*****	6.8	(12)	0	1/MO	GRAB	
IRON, TOTAL (AS FE) 1045 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	52,300	(28)	0	1/MO	GRAB	
IRON, DISSOLVED (AS FE) 1046 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	138	(28)	0	1/MO	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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
 CITY: **UPTON** NY **11973**
 LOCATION: **BROOKHAVEN NATIONAL LABORATORY**
UPTON NY **11973**
 ATTENTION: **GEORGE MALOSH, GROUP MGR**

NY0005835
 PERMIT NUMBER

008 M
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	05	01	TO	01	05	31

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

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	*****	2,282	(07)	*****	*****	*****		0	1/MO	INSTA
See Note 4 00056 1 0 0	PERMIT REQUIREMENT	*****	REPORT DAILY MAX 6PD							ONCE/MONTH	INSTA
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4	(12)	0	1/MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MONTHLY	*****	MAXIMUM	SU		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(19)	0	1/MO	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MAX	MG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	1/MO	GRAB
04501 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MAX	UG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	1/MO	GRAB
04506 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	DAILY MAX	UG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0				
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

DISCHARGE MONITORING REPORT (DMR)

NY0005835 PERMIT NUMBER

010 M DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
01	05	01	01	05	31

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE	SAMPLE MEASUREMENT	*****	920	(07)	*****	*****	*****	0	1/MO	INSTAN
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	REPORT DAILY BY GPD		*****	*****	*****	0	ONCE / MONTH	INSTAN
400 1 0 0 ELUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4 (12)	0	1/MO	GRAB
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	REPORT MINIMUM	*****	*****	MAXIMUM SU	0	ONCE / MONTH	GRAB
556 1 0 0 ELUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5 (19)	0	1/MO	GRAB
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY BY MG/L	0	ONCE / MONTH	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 . Michael Holland
 ea 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		DATE		
631 344-3424		YEAR	MO	DAY
AREA CODE	NUMBER			

PARAMETERS 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
 CITY: UPTON NY 11973
 LOCATION: BROOKHAVEN NATIONAL LABORATORY
 UPTON NY 11973
 ATTENTION: GEORGE MALOSH, GROUP MGR.

NY 005835 PERMIT NUMBER
 06A M DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	05	01		01	05	31

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

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
0400 1 0 0 EFFLUENT GROSS VALUE IL & GREASE	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.4	(12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0	SU	0	ONCE/MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY MX MG/L	0	ONCE/MONTH	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE See Note 3	SAMPLE MEASUREMENT	*****	0.1	(03)	*****	*****	*****		0	4/MO	RECORDR
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****	0	ONCE/MONTH	RECORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 r. Michael Holland
 rea 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)
 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
CITY: UPTON NY 11973
LOCATION: BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835	068 M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR: MO: DAY:	YEAR: MO: DAY:
FROM 01 05 01	TO 01 05 31

MAJOR (SUBR 01)
E - FINAL
COOLING TOWER FROM 919 ETC(HT2)
*** 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	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.4	(12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0	SU	0	ONCE/MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY MX	0	ONCE/MONTH	GRAB
LOW IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.2	(03)	*****	*****	*****		0	4/MO	RCORDR
0050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****	0	ONCE/MONTH	RCORDR
see Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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