

Environmental Services Division

**BROOKHAVEN**  
NATIONAL LABORATORY

Building 120  
P.O. Box 5000  
Upton, NY 11973-5000  
Phone 631 344-8370  
Fax 631 344-6079  
cunniff@bnl.gov

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

www.bnl.gov

December 17, 2001

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

Dear Mr. Desmarais:

**SUBJECT: NPDES - Discharge Monitoring Report (DMR) for November 2001**  
**REFERENCE: Letter from Robert Desmarais to Cunniff dated November 20, 2001**

Included as Attachment I, please find the DMR for the month of November 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 002, 002B, 003, 005, 006A, and 006B are, therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Division. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of November 2001.

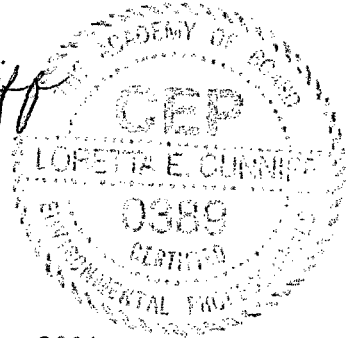
Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than November 28, 2001. If there are any

questions regarding the information contained on the DMR or the analytical data packages, please do not hesitate to contact R. Lee at extension 3148 or M. Allocco at extension 3166.

Sincerely,

*Lori Cunniff*

Lori Cunniff, CEP  
Division Manager



LEC/MA:cr

- Attachment I: Discharge Monitoring Report for November 2001.
- Attachment II: Analytical Results from H2M Labs for samples collected on 11/5/01 and 11/7/01 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002, 002B, 003, 005, 006A, 006B, and 008.

- |     |               |                 |              |                 |
|-----|---------------|-----------------|--------------|-----------------|
| cc: | M. Allocco    | w/attachments   | M. Baldwin   | 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 | V. Radeka    | w/o attachments |
|     | T. Sheridan   | w/o attachments | D. Van Duyne | w/attachments   |

EC62ER.01

**Brookhaven National Laboratory**  
**SPDES Permit No. NY0005835**  
**Discharge Monitoring Report for November 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 Outfall 002A 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 was submitted which reflected 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 was submitted which reflected this change.
6. There was no discharge from Outfall 010 this reporting period.
7. The Water Treatment Plant backwash system only operated during the first two weeks of November. Multiple attempts were made to collect the regulatory samples for pH and iron but due to operational problems, the collection could not be completed.

**ATTACHMENT I**

**BROOKHAVEN NATIONAL LABORATORY**

**SPDES PERMIT NO. NY0005835**

**DISCHARGE MONITORING REPORT FOR NOVEMBER 2001**

**FOR OUTFALLS NO. 001 – 010**

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

**001 M**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	11	01	TO	01	11	30

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER DEG. FAHRENHEIT	*****	*****			*****	*****	64	( 15 )	0	DAILY	GRAB	
00011 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	90	DAILY MX		DAILY	GRAB	
EFFLUENT GROSS VALUE BOD, 5-DAY (20 DEG. C)	*****	*****			*****	< 2	< 2	( 19 )	0	2/MO	COMP24	
00310 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	10	20	DAILY AV DAILY MX		ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE PH	*****	*****			6.3	*****	6.8	( 12 )	0	5/7	GRAB	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.8	*****	9.0	MINIMUM MAXIMUM		DAILY	GRAB	
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	*****	*****			*****	< 4	< 4	( 19 )	0	2/MO	COMP24	
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	10	20	DAILY AV DAILY MX		ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE SOLIDS, SETTLEABLE	*****	*****			*****	*****	0.0	( 25 )	0	5/7	GRAB	
00545 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1	DAILY MX		DAILY	GRAB	
EFFLUENT GROSS VALUE NITROGEN, TOTAL (AS N)	*****	*****			*****	*****	5.7	( 19 )	0	2/MO	COMP24	
10600 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10	DAILY MX		ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N)	*****	*****			*****	*****	0.3	( 19 )	0	2/MO	COMP24	
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2	DAILY MX		ONCE/MONTH	COMP24	
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

AMOUNTS 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~~

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

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

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

**NY 0005835**  
PERMIT NUMBER

**001 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	11	01	TO	01	11	30

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	1.8	( 19)	0	2/MO	COMP24	
		*****	*****	***	*****	*****	REPORT			ONCE/MO	COMP24	
		*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH		
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	< 10	( 28)	0	2/MO	GRAB	
		*****	*****	***	*****	*****	100			TRICE/MO	GRAB	
		*****	*****	****	*****	*****	DAILY MX	UG/L		MONTH		
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	0.04	( 19)	0	2/MO	COMP24	
		*****	*****	***	*****	*****	0.15			ONCE/MO	COMP24	
		*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH		
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	0.16	( 19)	0	2/MO	COMP24	
		*****	*****	***	*****	*****	0.37			ONCE/MO	COMP24	
		*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH		
LEAD, TOTAL (AS PB) See Note 1 01051 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	0.001	( 19)	0	2/MO	COMP24	
		*****	*****	***	*****	*****	0.019			ONCE/MO	COMP24	
		*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH		
NICKEL, TOTAL (AS NI) Note 1 01067 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	0.004	( 19)	0	2/MO	COMP24	
		*****	*****	***	*****	*****	0.11			ONCE/MO	COMP24	
		*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH		
SILVER, TOTAL (AS AG) Note 1 01077 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	0.001	( 19)	0	2/MO	COMP24	
		*****	*****	***	*****	*****	0.015			ONCE/MO	COMP24	
		*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE	DATE			
fr. Michael Holland Area Group Manager								631 344-3424				
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

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

**NY0005835**  
 PERMIT NUMBER

**001 M**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	11	01		01	11	30

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN)	*****	*****	*****	*****	*****	*****	0.03	( 19)	0	2/MO	COMP24
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1			ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE TOLUENE	*****	*****	*****	*****	*****	*****	< 1	( 28)	0	2/MO	GRAB
34010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5			ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE METHYLENE CHLORIDE	*****	*****	*****	*****	*****	*****	< 1	( 28)	0	2/MO	grab
34423 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5			ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE 1,1,1-TRICHLORO-ETHANE	*****	*****	*****	*****	*****	*****	< 1	( 28)	0	2/MO	GRAB
34506 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5			ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.4	0.6	( 03)	*****	*****	*****		0	CONTINUOUS	RECORD
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	HGD	*****	*****	*****	*****		CONTINUOUS	RECORD
EFFLUENT GROSS VALUE MERCURY, TOTAL (AS HG)	*****	*****	*****	*****	*****	*****	0.0001	( 19)	0	2/MO	COMP24
71900 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0008			ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE COLIFORM, FECAL GENERAL	*****	*****	*****	*****	*****	*****	< 2	( 13)	0	2/MO	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	200			ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	400	#/ 100ML		ONCE/MONTH	GRAB

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **631 344-3424**  
 DATE

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

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

NAME **U S D O E**  
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
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**UPTON NY 11973**  
FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
LOCATION **UPTON NY 11973**  
ATTN: **GEORGE HALOSH, GROUP MGR**

**NY0005835**  
PERMIT NUMBER

**001 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	11	01	TO	01	11	30

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2-BUTANONE 78356 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	( 28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	50			THICE/GRAB	
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENTREMOVAL	SAMPLE MEASUREMENT	*****	*****	****	> 92	*****	*****	( 23)	0	1/MO	CALCTD
	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENTREMOVAL	SAMPLE MEASUREMENT	*****	*****	****	> 95	*****	*****	( 23)	0	1/MO	CALCTD
	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**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

VIOLATIONS 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.  
PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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



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

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

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

**NY0005835**  
PERMIT NUMBER

**002 A**  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE		*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE See Note 2		*****	NO DISCHARGE	( 03 )	*****	*****	*****	****		ONCE/ MONTH	RECORD

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 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.**  
A Form 3320-1 (Rev. 3/99) Previous editions may be used. PAGE 1 OF 1

01211/011107-1923

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

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

NAME **U S D O E**  
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**53 BELL AVE, BLDG 464**  
**UPTON NY 11973**  
FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
LOCATION **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	11	01		01	11	30

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

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.8	(.12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(.19)	0	1/MO	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
See Note 3	SAMPLE MEASUREMENT	*****	0.001	(.03)	*****	*****	*****		0	4/MO	RECORD
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RECORD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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  
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.

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

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	TO	YEAR	MO	DAY
01	11	01		01	11	30

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.6	*****	7.4	( 12 )	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
DIL & GREASE		*****	*****		*****	*****	<5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	0.01	( 03 )	*****	*****	*****		0	4/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
See Note 3											

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

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.

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME **U S D O E**  
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**53 BELL AVE, BLDG 464**  
**UPTON NY 11973**  
FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
LOCATION **UPTON NY 11973**  
ATTN: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
PERMIT NUMBER

**003 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

FROM

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

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.5	( 12 )	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.5	( 03 )	*****	*****	*****		0	4/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**631 344-3424**  
DATE  
YEAR MO DAY

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if different))  
 NAME **U S D O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**53 BELL AVE, BLDG 464**  
**UPTON NY 11973**  
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
 LOCATION **UPTON NY 11973**  
 ATTN: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
PERMIT NUMBER

**004 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM <b>01</b>	<b>11</b>	<b>01</b>	TO <b>01</b>	<b>11</b>	<b>30</b>

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT	*****	8.5			ONCE/	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	NO DISCHARGE	****	MINIMUM	*****	*****	SU		MONTH	
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT	****	*****	*****	*****	****		ONCE/	RECORD
See Note 5		*****	DAILY MX	MGD	*****	*****	*****	****		MONTH	

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

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

**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**

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

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

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (F/D/Permit))

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

**NY0005835**  
PERMIT NUMBER

**005 M**  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	11	01		01	11	30

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.8	*****	7.5	( 12)	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5	SU		ONCE/MONTH	GRAB
OIL & GREASE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<5	( 19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	15	DAILY-MX		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		ONCE/MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.2	( 03)	*****	*****	*****		0	4/MO	RCORDR
See Note 3	PERMIT REQUIREMENT	*****	REPORT DAILY-MX	HGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (V/D)(If any))

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

**007 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	11	01		01	11	30

FROM

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 7		*****	200,000	( 07 )	*****	*****	*****		0	12/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT	DAILY MX GPD	*****	*****	*****	****		ONCE/ MONTH	INSTAN
PH See Note 7	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
IRON, TOTAL See Note (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 28 )			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		ONCE/ MONTH	GRAB
IRON, DISSOLVED See (AS FE) Note 7	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 28 )			
01046 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES.**

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS  
A Form 3320-1 (Rev. 3/99) Previous editions may be used.

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if different))  
NAME **U S D O E**  
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**53 BELL AVE, BLDG 464**  
**UPTON NY 11973**  
FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
LOCATION **UPTON NY 11973**

**NY0005835**  
PERMIT NUMBER

**008 M**  
DISCHARGE NUMBER

MONITORING PERIOD  
FROM 

YEAR	MO	DAY
01	11	01

 TO 

YEAR	MO	DAY
01	11	30

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 4 00056 1 0 0		*****	1,031	( 07 )	*****	*****	*****		0	1/MO	INSTAN
EFFLUENT GROSS VALUE PH		*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/ MONTH	INSTAN
00400 1 0 0		*****	*****		7.2	*****	7.2		0	1/MO	GRAB
EFFLUENT GROSS VALUE OIL & GREASE		*****	*****	*** ****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
00556 1 0 0		*****	*****	*** ****	*****	*****	< 5	( 19 )	0	1/MO	GRAB
EFFLUENT GROSS VALUE 1,1-DICHLOROETHYLENE		*****	*****	*** ****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
34501 1 0 0		*****	*****	*** ****	*****	*****	< 1	( 28 )	0	1/MO	GRAB
EFFLUENT GROSS VALUE 1,1,1-TRICHLORO-ETHANE		*****	*****	*** ****	*****	*****	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
34506 1 0 0		*****	*****	*** ****	*****	*****	< 1	( 28 )	0	1/MO	GRAB
EFFLUENT GROSS VALUE		*****	*****	*** ****	*****	*****	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB

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

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

TELEPHONE  
DATE  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
631 344-3424  
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.



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (FD/Form))

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

**010 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	11	01		01	11	30

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

ATTN: **GEORGE MALOSH, GROUP MGR**

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE		*****	No Discharge	( 07 )	*****	*****	*****				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX GPD		*****	*****	*****	****		ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
See Note 6	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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

01219/011107-1923

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

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

**NY0005835**  
 PERMIT NUMBER

**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	11	01		01	11	30

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.2	*****	7.6	( 12 )	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	9.0	SU		ONCE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	<5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15	DAILY MX		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	0.07	( 03 )	*****	*****	*****	MG/L	0	4/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
See Note 3											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Dr. 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**

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

NY0005835  
 PERMIT NUMBER

068 M  
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.1	*****	7.7	( 12 )	0	4/MO	grab
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	REPORT	*****	9.0			ONCE/	GRAB
OIL & GREASE		*****	*****	****	MINIMUM	*****	MAXIMUM	SU		MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	6 < 5	( 19 )	0	1/MO	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	****	*****	*****	15			ONCE/	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	DAILY-MX	MG/L		MONTH	
See Note 3		*****	*****	****	*****	*****	*****	****	0	4/MO	RCORDR
		*****	*****	****	*****	*****	*****	****		ONCE/	RCORDR
		*****	*****	****	*****	*****	*****	****		MONTH	
		*****	*****	****	*****	*****	*****	****			
		*****	*****	****	*****	*****	*****	****			
		*****	*****	****	*****	*****	*****	****			
		*****	*****	****	*****	*****	*****	****			
		*****	*****	****	*****	*****	*****	****			
		*****	*****	****	*****	*****	*****	****			

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

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