

Environmental Services Division

**BROOKHAVEN**  
NATIONAL LABORATORY

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Upton, NY 11973-5000  
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managed by Brookhaven Science Associates  
for the U.S. Department of Energy

[www.bnl.gov](http://www.bnl.gov)

October 18, 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 September 2001**  
**REFERENCE: Letter from Robert Desmarais to Cunniff dated October 1, 2001**

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

All parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 001A, 001B, 001D, 001E, 001F, 002, 003, 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 September 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 October 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:cr

Attachment I: Discharge Monitoring Report for September 2001.

Attachment II: Analytical Results from H2M Labs for samples collected on 9/7/01, 9/10/01 and 9/12/01 from Outfall 001.

Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001A, 001B, 001D, 002, 003, 005, 006A, 006B, 007, 008, and 010.

Attachment IV: Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls 001F, 002, 005, 006A, and 006B.

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

EC62ER.01

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

1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
2. There was no discharge from Outfalls 001F, 002A, and 002B during this reporting period. In May Outfalls 002A and 002B were connected to the stormwater collection systems and no longer discharge locally. The cooling water discharge from Bldg. 1002 (002A) is now directed to Outfall 002B located at Building 1004. The cooling water discharge from Bldg. 1010 is now directed to Outfall 002 (HN). A SPDES permit modification package is being prepared to reflect this change.
3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
4. PCBs were not detected in these samples at a method detection limit of 0.65 ppb per congener. Total PCBs have been reported as less than the individual detection limit.
5. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
6. Photographic rinse waters discharged from Building 197B, are generated by three individual photo-processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentration and total average flow have been reported in the DMR.

Location	Flow	pH	Total Nitrogen	Cyanide	Silver	Phenolics
1-87 <sup>(a)</sup>	48 GPD	6.5 SU	107 mg/L	< 10 µg/L	102 µg/L	< 5.0 µg/L
1-93A <sup>(b)</sup>	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
1-93B	63 GPD	7.1 SU	139 mg/L	< 10 µg/L	66.9 µg/L	8.7 µg/L
<b>Total Flow</b>	111 GPD					

Notes:

- a. The proper location of the photographic discharge is room 1-87 not room 1-86B as had been previously reported.
  - b. The photographic processor in room 1-93A was not used in the first quarter of 2001 and was taken off-line on March 30, 2001.
7. The Environmental Services Division was notified in early June that the cooling water discharge from the Brookhaven Medical Research Reactor would be terminated due to the permanent shutdown of the facility. A SPDES permit modification package is being prepared to reflect this change.
  8. The analyte was found in the associated laboratory blank.

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

**ATTACHMENT I**  
**BROOKHAVEN NATIONAL LABORATORY**  
**SPDES PERMIT NO. NY0005835**  
**DISCHARGE MONITORING REPORT FOR SEPTEMBER 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 **BROOKHAVEN NATIONAL LABORATORY**  
 LOCATION **UPTON NY 11973**

DISCHARGE MONITORING REPORT (DMR)

**NY0005835**  
 PERMIT NUMBER

**001 A**  
 DISCHARGE NUMBER

**MAJOR (SUBR 01)**  
**F - FINAL**  
**ACID/CAUSTIC CLEAN RINSE 535B**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

FROM

TO

**\*\*\* 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	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 3		*****	562	( 07 )	*****	*****	*****		0	QTRLY	RCORI
00056 1 0 0		*****	REPORT		*****	*****	*****	***		QTRLY	RCORI
EFFLUENT GROSS VALUE PH		*****	DAILY MX GPD		*****	*****	*****	***		QTRLY	GRAB
00400 1 0 0		*****	*****	*****	8.4	*****	8.4	( 12 )	0	QTRLY	GRAB
EFFLUENT GROSS VALUE BIS (2-ETHYLHEXYL) PHTHALATE		*****	*****	*****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB
039100 1 0 0		*****	*****	*****	*****	*****	< 10	( 28 )	0	QTRLY	GRAB
EFFLUENT GROSS VALUE DI-N-BUTYL PHTHALATE		*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
039110 1 0 0		*****	*****	*****	*****	*****	< 10	( 28 )	0	QTRLY	GRAB
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	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

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

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835  
PERMIT NUMBER

001 B  
DISCHARGE NUMBER

MAJOR  
(SUBR 01)

F - FINAL

RINSE FROM CENTRL DEGREASR 498

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
01 07 01 TO 01 09 30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 3		*****	189	( 07)	*****	*****	*****		0	QTRLY	RCOR
00056 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT	DAILY MX GPD	*****	*****	*****	***		QTRLY	RCOR
PH		*****	*****		7.7	*****	7.7	( 12)	0	QTRLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	REPORT	*****	REPORT			QTRLY	GRAB
CHROMIUM, TOTAL See (AS CR) Note 1		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		QTRLY	GRAB
01034 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT			QTRLY	GRAB
COPPER, TOTAL (AS CU)		*****	*****		*****	*****	1.4	( 28)	0	QTRLY	GRAB
01042 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT			QTRLY	GRAB
IRON, TOTAL See Note 9 (AS FE)		*****	*****	***	*****	*****	1650	( 28)	0	QTRLY	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT			QTRLY	GRAB
MANGANESE, TOTAL (AS MN)		*****	*****		*****	*****	60.7	( 28)	0	QTRLY	GRAB
01055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT			QTRLY	GRAB
NICKEL, TOTAL See (AS NI) Note 1		*****	*****	***	*****	*****	2.7	( 28)	0	QTRLY	GRAB
01067 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT			QTRLY	GRAB

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)

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL  
SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SY

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**

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

**NY0005835**  
 PERMIT NUMBER

**001 B**  
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	TO	01	09 30

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

ATTN: **GEORGE MALOSH, GROUP MGR**

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) 01092 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	48.6	( 28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,2-DICHLOROETHANE 32103 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	< 1	( 28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
CHLOROFORM 32106 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	< 1	( 28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHLOROETHANE 34506 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	< 1	( 28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
BROMODICHLOROMETHANE EFFLUENT 38693 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	< 1	( 28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE See Note 8 39100 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2	( 28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
DI-N-BUTYL PHTHALATE 39110 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	< 10	( 28)	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB

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**  
 AREA CODE NUMBER YEAR MO DAY

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

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



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

NAME **U S D O E**

ADDRESS **BROOKHAVEN NATIONAL LABORATORY**

**53 BELL AVE, BLDG 464**

**UPTON NY 11973**

FACILITY **BROOKHAVEN NATIONAL LABORATORY**

LOCATION **UPTON NY 11973**

ATTN: **GEORGE MALOSH, GROUP MGR**

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

**NY0005835**  
PERMIT NUMBER

**001 B**  
DISCHARGE NUMBER

MAJOR

(SUBR 01)

F - FINAL

RINSE FROM CENTRAL DEGREASER 498

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	01	07	01		01	09	30

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

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>PERCHLOROETHYLENE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY	MG/L		QTRLY	GRAB
<b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
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	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)

**NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL**  
**SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS**

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

**NY0005835**  
PERMIT NUMBER

**001 0**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

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

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			
FLOW RATE See Note 3		*****	111	( 07 )	*****	*****	*****		0	QTRLY	RCORI
00056 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT	DAILY MX GPD	*****	*****	*****	***		QTRLY	RCORD
PH See Note 6		*****	*****		6.5	*****	7.1	( 12 )	0	QTRLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	REPORT	*****	REPORT			QTRLY	GRAB
NITROGEN, TOTAL See Note 6 (AS N)		*****	*****		*****	*****	139	( 19 )	0	QTRLY	GRAB
00600 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT	DAILY MX		QTRLY	GRAB
CYANIDE, TOTAL See Note 6 (AS CN)		*****	*****		*****	*****	< 10	( 28 )	0	QTRLY	GRAB
00720 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT	DAILY MX		QTRLY	GRAB
SILVER, TOTAL See Note 6 (AS AG)		*****	*****		*****	*****	102	( 28 )	0	QTRLY	GRAB
01077 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT	DAILY MX		QTRLY	GRAB
PHENOLICS, TOTAL See Note 6 RECOVERABLE		*****	*****		*****	*****	8.7	( 28 )	0	QTRLY	GRAB
32730 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT	DAILY MX		QTRLY	GRAB
	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

DATE

631 344-3424

AREA CODE

NUMBER

YEAR

MO

DAY

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

**NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL**

**SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING**

**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**

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

**NY0005835**  
 PERMIT NUMBER

**001 E**  
 DISCHARGE NUMBER

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

MONITORING PERIOD

FROM 

YEAR	MO	DAY
01	07	01

 TO 

YEAR	MO	DAY
01	09	30

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 2 00056 1 0 0		*****	No Discharge	(07)	*****	*****	*****				
EFLUENT GROSS VALUE PH		*****	REPORT	DAILY MX GPD	*****	*****	*****	***		QTRLY RECORD	
00400 1 0 0 EFLUENT GROSS VALUE		*****	*****	*****		*****		(12)			
		*****	*****	***	REPORT	*****	REPORT	SU		QTRLY GRAB	
					MINIMUM		MAXIMUM				

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)

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (V/D) (if rent))

NAME **U S D O E**

ADDRESS **BROOKHAVEN NATIONAL LABORATORY**

**53 BELL AVE, BLDG 464**

**UPTON NY 11973**

FACILITY **BROOKHAVEN NATIONAL LABORATORY**

LOCATION **UPTON NY 11973**

ATTN: **GEORGE MALOSH, GROUP MGR**

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

**NY0005835**

PERMIT NUMBER

**001 E**

DISCHARGE NUMBER

MAJOR  
(SUBR 01)

F - FINAL

COOLING TOWER WTR & BLOWN 902

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	09	30

FROM

TO

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 3 00056 1 0 0	SAMPLE MEASUREMENT	*****	10,011	( 07 )	*****	*****	*****		0	QTRLY	RCORD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT	DAILY MX SPD	*****	*****	*****	***		QTRLY	RCORDI
PH	SAMPLE MEASUREMENT	*****	*****		8.0	*****	8.0	( 12 )	0	QTRLY	RCORD
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	REPORT	*****	REPORT			QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		MINIMUM	*****	MAXIMUM	SU		QTRLY	GRAB
PROPYLENE GLYCOL	PERMIT REQUIREMENT	*****	*****	***	*****	*****	< 0.5	( 28 )	0	QTRLY	GRAB
MONOBUTYL ETHER	SAMPLE MEASUREMENT	*****	*****		*****	*****	REPORT			QTRLY	GRAB
49875 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	UG/L			
EFFLUENT GROSS VALUE	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)

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL  
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NAME **U S D O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**53 BELL AVE, BLDG 464**  
**UPTON NY 11973**  
 FACILITY **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	09	01	TO	01	09	30

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0		*****	*****		*****	*****	77	( 15)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	90	DAILY MX		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0		*****	*****		*****	< 2	< 2	( 19)	0	3/MO	COMP2
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10	20	DAILY AV DAILY MX		ONCE/MONTH	COMP2
PH 00400 1 0 0		*****	*****		5.8	*****	6.5	( 12)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.8 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0		*****	*****		*****	< 4	< 4	( 19)	0	3/MO	COMP2
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10	20	DAILY AV DAILY MX		ONCE/MONTH	COMP2
SOLIDS, SETTLEABLE 00545 1 0 0		*****	*****		*****	*****	0.0	( 25)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1	DAILY MX		DAILY	GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0		*****	*****		*****	*****	5.6	( 19)	0	3/MO	COMP2
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10	DAILY MX		ONCE/MONTH	COMP2
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0		*****	*****		*****	*****	0.1	( 19)	0	3/MO	COMP2
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2	DAILY MX		ONCE/MONTH	COMP2

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.**



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

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**

**NY 0005835**  
 PERMIT NUMBER

**001 M**  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

TO

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

NOTE: Read instructions before completing this form.

ATTN: **GEORGE MALOSH, GROUP MGR**

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>PHOSPHORUS, TOTAL (AS P)</b> 00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	1.3	( 19)	0	3/MO	COMP2
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP2
<b>CYANIDE, TOTAL (AS CN)</b> 00720 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	< 10	( 28)	0	3/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	100 DAILY MX	UG/L		TWICE/MONTH	GRAB
<b>COPPER, TOTAL (AS CU)</b> 01042 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	0.03	( 19)	0	3/MO	COMP2
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP2
<b>IRON, TOTAL (AS FE)</b> 01045 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	0.16	( 19)	0	3/MO	COMP2
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP2
<b>LEAD, TOTAL (AS PB) See Note 1</b> 01051 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	0.002	( 19)	0	3/MO	COMP2
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP2
<b>NICKEL, TOTAL (AS NI) Note 1</b> 01067 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	0.003	( 19)	0	3/MO	COMP2
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP2
<b>SILVER, TOTAL (AS AG) Note 1</b> 01077 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	0.002	( 19)	0	3/MO	COMP2
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP2

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).

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SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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

**NY0005835**  
 PERMIT NUMBER

**001 M**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

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

ATTN: **GEORGE MALOSH, GROUP MGR**

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
ZINC, TOTAL (AS ZN)	01092 1 0 0	*****	*****		*****	*****	0.02	( 19)	0	3/MO	COMP2	
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	0.1	DAILY MX		ONCE/ MONTH	COMP2	
TOLUENE	34010 1 0 0	*****	*****		*****	*****	< 1	( 28)	0	3/MO	GRAB	
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	5	DAILY MX		TWICE/ MONTH	GRAB	
METHYLENE CHLORIDE	34423 1 0 0	*****	*****		*****	*****	1.4	( 28)	0	3/MO	GRAB	
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	5	DAILY MX		TWICE/ MONTH	GRAB	
1,1,1-TRICHLOROETHANE	34506 1 0 0	*****	*****		*****	*****	< 1	( 28)	0	3/MO	GRAB	
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	5	DAILY MX		TWICE/ MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 0		0.5	0.7	( 03)	*****	*****	*****	0	CONTINUOUS	RECORD	
EFFLUENT GROSS VALUE			REPORT	2.3	DAILY AV	DAILY MX	MGD	*****	*****	CONTINUOUS	RECORD	
MERCURY, TOTAL (AS HG)	71900 1 0 0	*****	*****		*****	*****	< 0.0001	( 19)	0	3/MO	comp2	
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	0.0008	DAILY MX		ONCE/ MONTH	COMP2	
COLIFORM, FECAL GENERAL	74055 1 0 0	*****	*****		*****	*****	< 2	< 2	( 13)	0	2/MO	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	200	400 #/		ONCE/ MONTH	GRAB	
							DAILY AV	DAILY MX		100ML		

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		DATE		
631	344-3424			
AREA CODE	NUMBER	YEAR	MO	DA

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

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**SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS**

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

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

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

**NY0005835**  
 PERMIT NUMBER

**001 M**  
 DISCHARGE NUMBER

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

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	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	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2-BUTANONE		*****	*****		*****	*****	< 5	( 28)	0	3/MO	GRAB
78356 I O O EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	50 DAILY MX	UG/L		TWICE/GRAB MONTH	
BOD, 5-DAY PERCENT REMOVAL		*****	*****		> 87	*****	*****	( 23)	0	1/MO	calctc
81010 K O O PERCENTREMOVAL		*****	*****	****	85 NO AV MN	*****	*****	PER- CENT		ONCE/ MONTH	CALCTI
SOLIDS, SUSPENDED PERCENT REMOVAL		*****	*****		> 98	*****	*****	( 23)	0	1/MO	CALCTI
81011 K O O PERCENTREMOVAL		*****	*****	****	85 NO AV MN	*****	*****	PER- CENT		ONCE/ MONTH	CALCTI

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

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

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



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

**NY0005835**  
 PERMIT NUMBER

**001 0**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

FROM

TO

**\*\*\* NO DISCHARGE: 1-1 \*\*\***  
 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	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE See Note 4	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.065	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MK	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 631 | 344-3424  
 AREA CODE NUMBER  
 DATE  
 YEAR MO DA

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

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

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

**002 A**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	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	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		( 12)			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	REPORT MINIMUM	*****	9.0	SU	ONCE/	GRAB	
DIL & GREASE		*****	*****		*****	*****		( 19)			
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	15	DAILY MX	ONCE/	GRAB	
FLOW IN CONDUIT OR THRU TREATMENT PLANT		*****	No Discharge	( 03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	***	ONCE/	RCORD	
See Note 2											

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

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 8 SHOULD BE DIRECTED TO OUTFALL #002 & BRAHMS & T 8 SHOULD BE DIRECTED TO NEW RECHARGE BASIN. NO TRT CHEMS WITHOUT PRIOR DEC APPROVAL.**

EPA Form 3204 (Rev 3/79) Previous editions may be used. This is a 4-part form. PAGE 1 OF

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

NAME **U S D O E**

ADDRESS **BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464**

**UPTON NY 11973**

FACILITY **BROOKHAVEN NATIONAL LABORATORY**

LOCATION **UPTON NY 11973**

ATTN: **GEORGE MALOSH, GROUP MGR**

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

**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	09	01		01	09	30

FROM

TO

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		( 12)			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0	SU		ONCE/ GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	MG/L		ONCE/ GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	No Discharge	( 03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ RECORD MONTH	
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

DA

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

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

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

TO

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.9	( 12)	0	4/MO	GRAB
	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
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15	DAILY MX	MG/L	ONCE/MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE See Note 3	SAMPLE MEASUREMENT	*****	0.04	( 03)	*****	*****	*****		0	4/MO	RCORD
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	***	***	ONCE/MONTH	RCORD
	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

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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)

**SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.**  
**SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES**  
**EPAL 3381E COOLNG TOWER BLOWDOWN FROM THE STAR DETECTOR.**

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

**NY0005835**  
 PERMIT NUMBER

**002 0**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>CHLOROFORM</b>		*****	*****		*****	*****	< 1	( 28)	0	QTRLY	GRAB
<b>32106 1 0 0</b>		*****	*****	***	*****	*****	DAILY MX	UG/L		QTRLY	GRAB
<b>EFFLUENT GROSS VALUE</b>		*****	*****	****	*****	*****	< 1	( 28)	0	QTRLY	GRAB
<b>1,1,1-TRICHLORO-ETHANE</b>		*****	*****		*****	*****	< 1	( 28)	0	QTRLY	GRAB
<b>34506 1 0 0</b>		*****	*****	***	*****	*****	DAILY MX	UG/L		QTRLY	GRAB
<b>EFFLUENT GROSS VALUE</b>		*****	*****	****	*****	*****	< 1	( 28)	0	QTRLY	GRAB
<b>BROMODICHLOROMETHANE</b>		*****	*****		*****	*****	< 1	( 28)	0	QTRLY	GRAB
<b>EFFLUENT</b>		*****	*****	***	*****	*****	DAILY MX	UG/L		QTRLY	GRAB
<b>38693 1 0 0</b>		*****	*****	***	*****	*****	DAILY MX	UG/L		QTRLY	GRAB
<b>EFFLUENT GROSS VALUE</b>		*****	*****	****	*****	*****	< 0.05	( 19)	0	QTRLY	GRAB
<b>1-HYDROXY-ETHYLIDENE</b>		*****	*****		*****	*****	< 0.5	( 19)	0	QTRLY	GRAB
<b>85812 1 0 0</b>		*****	*****	***	*****	*****	DAILY MX	MG/L		QTRLY	GRAB
<b>EFFLUENT GROSS VALUE</b>		*****	*****	****	*****	*****	< 0.005	( 19)	0	QTRLY	GRAB
<b>TOLYTRIAZOLE</b>		*****	*****		*****	*****	< 0.2	( 19)	0	QTRLY	GRAB
<b>85813 1 0 0</b>		*****	*****	***	*****	*****	DAILY MX	MG/L		QTRLY	GRAB
<b>EFFLUENT GROSS VALUE</b>		*****	*****	****	*****	*****					
		*****	*****		*****	*****					
		*****	*****		*****	*****					
		*****	*****		*****	*****					

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

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

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

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

**NY0005835**  
 PERMIT NUMBER

**002 R**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

FROM

TO

**\*\*\* 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	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>1-HYDROXY-ETHYLIDENE</b>		*****	*****		*****	*****		( 19)			
<b>85812 1 0 0</b>		*****	*****	***	*****	*****	0.5	DAILY MX			QTRLY GRAB
<b>EFFLUENT GROSS VALUE</b>				****				MG/L			
<b>POLYTRIAZOLE</b>		*****	*****		*****	*****		( 19)			
<b>85813 1 0 0</b>		*****	*****	***	*****	*****	0.2	DAILY MX			QTRLY GRAB
<b>EFFLUENT GROSS VALUE</b>				****				MG/L			
See Note 2											

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 DA

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

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

~~DISCHARGE SHOULD BE DIRECTED TO THE NEW BASIN.~~



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

DISCHARGE MONITORING REPORT (DMR)

**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	09	01	01	09	30

FROM TO \*\*\* 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	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.8	( 12 )	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.9	( 03 )	*****	*****	*****		0	4/MO	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	*****		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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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**

DISCHARGE MONITORING REPORT (DMR)  
**NY0005835**  
 PERMIT NUMBER  
**003 0**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

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

ATTN: **GEORGE MALOSH, GROUP MGR**

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.002	( 19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5.0	DAILY MX		QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE 04506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5	DAILY MX		QTRLY	GRAB
2,2-DIBROMO-3-NITRILOPROPIONAMIDE See Note 10 76993 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI C	( 19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.5	DAILY MX		QTRLY	GRAB
1-HYDROXY-ETHYLIDENE See Note 10 05812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI C	( 19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.5	DAILY MX		QTRLY	GRAB
TOLYTRIAZOLE See Note 10 05813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI C	( 19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.2	DAILY MX		QTRLY	GRAB
	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**  
 AREA CODE NUMBER  
 DATE  
 YEAR MO DA

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL**  
**SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS**



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

DISCHARGE MONITORING REPORT (DMR)

**NY0005835**  
 PERMIT NUMBER

**004 M**  
 DISCHARGE NUMBER

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

MONITORING PERIOD

FROM **01 09 01** TO **01 09 30**

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

PARAMETER	QUANTITY OR LOADING	Quality or Concentration						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****							
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5	SU	ONCE/ GRAB MONTH	
00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	No Discharge	( 03)	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT DAILY MX MGD		*****	*****	*****	****	ONCE/ RCOR MONTH	
50050 1 0 0 EFFLUENT GROSS VALUE See Note 7	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

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

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

DISCHARGE MONITORING REPORT (DMR)  
**NY0005835**  
 PERMIT NUMBER  
**004 0**  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 FROM **01 07 01** TO **01 09 30**

MAJOR  
**(SUBR 01)**  
**F - FINAL**  
**MRR NON-CONTACT COOLING (HP)**  
**\*\*\* 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	SAMPLI TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1,1-DICHLOROETHYLENE 34501 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 28)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5	DAILY MX UG/L		QTRLY GRAB	
1,1,1-TRICHLOROETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 28)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5	DAILY MX UG/L		QTRLY GRAB	
See Note 7	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**NO ADDITIONAL WATER TREATMENT CHEMICALS W/O PRIOR NYSDEC APPROVAL**  
**SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS**

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

DISCHARGE MONITORING REPORT (DMR)

**NY0005835**  
 PERMIT NUMBER

**005 H**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

TO

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.9	*****	8.5	( 12 )	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15 DAILY MAX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	0.2	( 03 )	*****	*****	*****		0	4/MO	RCORDI
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MAX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDI
See Note 3											

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

DISCHARGE MONITORING REPORT (DMR)

**NY0005835**  
 PERMIT NUMBER

**005 0**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU) 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.005	( 19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0	DAILY MX			GRAB
EFFLUENT GROSS VALUE 1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	( 19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5	DAILY MX			GRAB
85812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	( 19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2	DAILY MX			GRAB
TOLYTRIAZOLE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
85813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name, Location & Zip Code)  
 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**

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

**NY0005835**  
 PERMIT NUMBER

**007 M**  
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	09	01	TO	01	09 30

**\*\*\* NO DISCHARGE 1-1 \*\*\***  
 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	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE		*****	200,000	( 07 )	*****	*****	*****		0	14/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE PH		*****	REPORT	DAILY HX GPD	*****	*****	*****	***		ONCE/	INSTA
		*****	*****		7.3	*****	7.3	( 12 )	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE IRON, TOTAL (AS FE)		*****	*****	*****	REPORT	*****	9.0			ONCE/	GRAB
		*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		MONTH	
01045 1 0 0 EFFLUENT GROSS VALUE IRON, DISSOLVED (AS FE)		*****	*****	*****	*****	*****	551,000	( 28 )	0	1/MO	GRAB
		*****	*****	*****	*****	*****	REPORT			ONCE/	GRAB
		*****	*****	*****	*****	*****	DAILY HX	UG/L		MONTH	
01046 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	881	( 28 )	0	1/MO	GRAB
		*****	*****	*****	*****	*****	REPORT			ONCE/	GRAB
		*****	*****	*****	*****	*****	DAILY HX	UG/L		MONTH	

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

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

DISCHARGE MONITORING REPORT (DMR)

**NY0005835**  
 PERMIT NUMBER

**008 M**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	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 5		*****	27,791	( 07 )	*****	*****	*****		0	1/MO	INSTA
00056 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT	DAILY MX GPD	*****	*****	*****	***		ONCE/	INSTA
PH		*****	*****		7.5	*****	7.5	( 12 )	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	REPORT	*****	8.5			ONCE/	GRAB
OIL & GREASE		*****	*****		MINIMUM	*****	MAXIMUM	SU		MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	< 5	( 19 )	0	1/MO	GRAB
1,1-DICHLOROETHYLENE		*****	*****	***	*****	*****	15	DAILY MX		ONCE/	GRAB
34501 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	< 1	( 28 )	0	1/MO	GRAB
1,1,1-TRICHLORO-ETHANE		*****	*****	***	*****	*****	5	DAILY MX		ONCE/	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	< 1	( 28 )	0	1/MO	GRAB
		*****	*****	***	*****	*****	5	DAILY MX		ONCE/	GRAB

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**631 344-3424**  
 AREA CODE NUMBER YEAR MO DA

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

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



NAME **U S D O E**

ADDRESS **BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464**

FACILITY **UPTON NY 11973**

LOCATION **BROOKHAVEN NATIONAL LABORATORY**

**UPTON NY 11973**

ATTN: **GEORGE MALOSH, GROUP MGR**

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

**NY0005835**  
PERMIT NUMBER

**010 H**  
DISCHARGE NUMBER

**MAJOR  
(SUBR 01)  
F - FINAL**

**STORMWTR R O CENTRAL STEAM (H)**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM

TO

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 5 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	8,034	( 07 )	*****	*****	*****		0	1/MO	INSTA
	PERMIT REQUIREMENT	*****	REPORT	DAILY MX GPD	*****	*****	*****	****		ONCE/	INSTA
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4	( 12 )	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	8.5	SU		ONCE/	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY MX		ONCE/	GRAB
	SAMPLE MEASUREMENT							MG/L		MONTH	
	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

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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)

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

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

NY0005835  
 PERMIT NUMBER

06A M  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	09	01	TO	01	09	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	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.7	( 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	*****	0.04	( 03)	*****	*****	*****		0	4/MO	RCORL
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	RCORL
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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



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

DISCHARGE MONITORING REPORT (DMR)

**NY0005835**  
 PERMIT NUMBER

**06A 0**  
 DISCHARGE NUMBER

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

MONITORING PERIOD  
 FROM **01 07 01** TO **01 09 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	SAMPLING TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
<b>L-HYDROXY-ETHYLIDENE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.08	( 19)	0	QTRLY	GRAB
<b>85812 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5			QTRLY	GRAB
<b>EFFLUENT GROSS VALUE</b>				****			DAILY MX	MG/L			
<b>TOLYTRIAZOLE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	( 19)	0	QTRLY	GRAB
<b>85813 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2			QTRLY	GRAB
<b>EFFLUENT GROSS VALUE</b>				****			DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

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

**NY0005835**  
 PERMIT NUMBER

**06B M**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	09	01		01	09	30

FROM TO \*\*\* NO DISCHARGE 1.1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMP TYP
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.4	*****	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		*****	0.4	( 03)	*****	*****	*****		0	4/MO	RCOR
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORI
See Note 3											

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**631 344-3424**  
 AREA CODE NUMBER YEAR MO D

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

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

DISCHARGE MONITORING REPORT (DMR)

**NY0005835**  
 PERMIT NUMBER

**06B-0**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	09	30

FROM [MONITORING PERIOD] TO [MONITORING PERIOD] \*\*\* NO DISCHARGE [ ] \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1-HYDROXY-ETHYLIDENE 85812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.05	(19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE 85813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.005	(19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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**  
 AREA CODE NUMBER YEAR MO DA

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL**  
**SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS**