

BROOKHAVEN
NATIONAL LABORATORY

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for the U.S. Department of Energy

www.bnl.gov

March 19, 2002

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 February 2002
REFERENCE: Letter from Robert Desmarais to Cunniff dated February 25, 2002

Included as Attachment I, please find the DMR for the month of February 2002. 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.

Review of the analytical data shows that 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, 006B, and 007 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 February 2002.

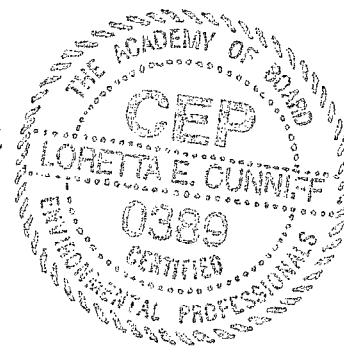
Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk County Department of

March 19, 2002

Health Services no later than March 28, 2002. 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 February 2002.
- Attachment II: Analytical Results from H2M Labs for samples collected on 2/4/02 and 2/7/02 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002, 003, 005, 006A, 006B, 007, and 008.

- | | | | | |
|-----|---------------|-----------------|--------------|-----------------|
| cc: | M. Allocco | w/attachments | M. Baldwin | w/attachments |
| | W. Chaloupka | w/attachments | L. Cunniff | w/o attachments |
| | S. Dierker | w/o attachments | G. Granzen | w/o attachments |
| | J. Higbie | w/attachments | C. Johnson | 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.02

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for February 2002
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. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
3. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
4. There was no discharge from Outfalls 002A and Outfall 010 during this reporting period. In May 2001, the two discharges to Outfall 002A were connected to the stormwater collection system and no longer discharge locally. The cooling water discharge from Bldg. 1002 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.
5. The total flow for January at Outfall 002B was 450 gallons with a 16 gallon per day average. There was no flow at the weir during the four attempts to collect the compliance samples when the flow data was attained and in addition, the sampling personnel made additional attempts (a minimum of once per week) to collect the compliance samples during their "daily rounds". Therefore no analytical data is reportable for Outfall 002B.
6. The Environmental Services Division was notified in June 2001, that the cooling water discharge from the Brookhaven Medical Research Reactor (BMRR) would be terminated due to the permanent shutdown of the facility and therefore no discharge to Outfall 004. A SPDES permit modification package was submitted which reflected this change.
7. The percent removal for BOD, 5-day was calculated using one-half, the method detection limit as the value for all concentrations reported as less than the method detection limit (<MDL).

ATTACHMENT I
BROOKHAVEN NATIONAL LABORATORY
SPDES PERMIT NO. NY0005835
DISCHARGE MONITORING REPORT FOR FEBRUARY 2002
FOR OUTFALLS NO. 001 – 010

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

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

NY0005835
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	02	01		02	02	28

*** 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			
TEMPERATURE, WATER DEG. FAHRENHEIT	0011 1 0 0	*****	*****		*****	*****	52	(15)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	90	DAILY MX		DAILY	GRAB
OD, 5-DAY (20 DEG. C)	0310 1 0 0	*****	*****		*****	< 2	< 2	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10	20	DAILY AV DAILY MX		ONCE/MONTH	COMP24
PH	0400 1 0 0	*****	*****		6.0	*****	6.6	(12)	0	DAILY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.8	*****	9.0	MINIMUM MAXIMUM		DAILY	GRAB
SOLIDS, TOTAL UNPENDED	0530 1 0 0	*****	*****		*****	< 4	< 4	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10	20	DAILY AV DAILY MX		ONCE/MONTH	COMP24
SOLIDS, SETTLEABLE	0545 1 0 0	*****	*****		*****	*****	0.0	(25)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1	DAILY MX		DAILY	GRAB
TOTAL NITROGEN (AS N)	0600 1 0 0	*****	*****		*****	*****	7.5	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10	DAILY MX		ONCE/MONTH	COMP24
TOTAL AMMONIA (AS N)	0610 1 0 0	*****	*****		*****	*****	0.3	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2	DAILY MX		ONCE/MONTH	COMP24

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

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

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

QUANTITIES AND CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL 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.

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

NY0005835
PERMIT NUMBER

001 M
DISCHARGE NUMBER

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

Table with columns: YEAR, MO, DAY, TO, YEAR, MO, DAY. Values: 02, 02, 01, 02, 02, 28

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

Main data table with columns: PARAMETER, QUANTITY OR LOADING (AVERAGE, MAXIMUM, UNITS), QUALITY OR CONCENTRATION (MINIMUM, AVERAGE, MAXIMUM, UNITS), NO. EX, FREQUENCY OF ANALYSIS, SAMPLE TYPE. Rows include Phosphorus, Vanide, Copper, Iron, Lead, Nickel, Silver.

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S.
SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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

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

NY0005835 PERMIT NUMBER

001 M DISCHARGE NUMBER

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

MONITORING PERIOD table with columns YEAR, MO, DAY FROM TO

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

Main data table with columns PARAMETER, QUANTITY OR LOADING (AVERAGE, MAXIMUM, UNITS), QUALITY OR CONCENTRATION (MINIMUM, AVERAGE, MAXIMUM, UNITS), NO. EX, FREQUENCY OF ANALYSIS, SAMPLE TYPE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: r. 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: YEAR, MO, DAY

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

NY0005835 PERMIT NUMBER

001 M DISCHARGE NUMBER

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

MONITORING PERIOD FROM 02 02 01 TO 02 02 28

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

Table with columns: PARAMETER, QUANTITY OR LOADING (AVERAGE, MAXIMUM, UNITS), QUALITY OR CONCENTRATION (MINIMUM, AVERAGE, MAXIMUM, UNITS), NO. EX, FREQUENCY OF ANALYSIS, SAMPLE TYPE. Rows include 2-BUTANONE, EFFLUENT GROSS VALUE, COD, 5-DAY PERCENT REMOVAL, SOLIDS, SUSPENDED PERCENT REMOVAL, etc.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER r. 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

ATTACHMENTS 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 SF8'S. 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

002 A
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	02	01		02	02	28

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

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			
0400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
	PERMIT REQUIREMENT	*****	*****	*** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	*** ****		ONCE/ MONTH	RCORDR
See Note 4	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

VIOLATIONS 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.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME U S D D E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 UPTON NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 ATTENTION: 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
02	02	01		02	02	28

*** 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			
See Note 5		*****	*****			*****					
10400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
See Note 5		*****	*****			*****					
0556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.00002	(03)	*****	*****	*****		0	4/MO	RECORDR
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RECORDR
See Note 5	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE 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.

WASTEWATER TREATMENT PLANT ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR 01)
F - FINAL
AGS NON-C COOLNG, PRCP, ETC (HN)

NY0005835
PERMIT NUMBER

002 M
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
02	02	01	02	02	28

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
0400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.5	(12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE See Note 2	SAMPLE MEASUREMENT	*****	0.02	(03)	*****	*****	*****		0	4/MO	RCORDR
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
George Malosh
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.
AMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

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

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

NY0005835
PERMIT NUMBER

003 M
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
02	02	01	TO	02	02	28

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

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.5	(12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.5	(03)	*****	*****	*****		0	4/MO	RCODR
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCODR
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS 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
 ATTENTION: 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	TO	YEAR	MO	DAY
02	02	01		02	02	28

*** NO DISCHARGE [XX] ***

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			
0400 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE See Note 6	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	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										
	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)
 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/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 H
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
02	02	01	02	02	28

*** 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			
H		*****	*****		7.1	*****	8.1	(12)	0	4/MO	GRAB
0400 1 0 0 EFFLUENT GROSS VALUE IL & GREASE		*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT		*****	*****	****	*****	*****	< 5	(19)	0	1/MO	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE See Note 2		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
		*****	0.2	(03)	*****	*****	*****		0	4/MO	RCORDR
		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	RCORDR

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

REMARKS 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 (if different))
U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
CITY BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835
PERMIT NUMBER

007 M
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	02	01		02	02	28

*** 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			
LOW RATE		*****	280000	(07)	*****	*****	*****		0	20/MO	INSTAN
0056 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
H		*****	*****		7.7	*****	7.7	(12)	0	1/MO	GRAB
0400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
RON, TOTAL (AS FE)		*****	*****		*****	*****	53400	(28)	0	1/MO	GRAB
1045 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		ONCE/MONTH	GRAB
RON, DISSOLVED (AS FE)		*****	*****		*****	*****	160	(28)	0	1/MO	GRAB
1046 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		ONCE/MONTH	GRAB
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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

REMARKS 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

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
 ATTENTION: GEORGE MALOSH, GROUP MGR

NY0005835
 PERMIT NUMBER

008 M
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	02	01		02	02	28

*** 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			
LOW RATE See Note 3 0056 1 0 0 EFFLUENT GROSS VALUE		*****	5565	(07)	*****	*****	*****		0	1/MO	INSTAN
H 0400 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
IL & GREASE 0556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	7.4	*****	7.4	(12)	0	1/MO	GRAB
1-DICHLOROETHYLENE 4501 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	3.5 MAXIMUM	SU		ONCE/MONTH	GRAB
1,1-TRICHLORO-THANE 4506 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	<5	(19)	0	1/MO	GRAB
		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
		*****	*****	****	*****	*****	<1	(28)	0	1/MO	GRAB
		*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB
		*****	*****	****	*****	*****	<1	(28)	0	1/MO	GRAB
		*****	*****	****	*****	*****	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.

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)
 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)

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

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

NY0005835
PERMIT NUMBER

010 M
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	02	01		02	02	28

*** 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			
FLOW RATE	SAMPLE MEASUREMENT	*****		(07)	*****	*****	*****				
0056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTANT
	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
0400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
0556 1 0 0 EFFLUENT GROSS VALUE See Note 4	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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
AREA CODE NUMBER

REMARKS 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

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

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

ME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
CITY UPTON NY 11973
CITY BROOKHAVEN NATIONAL LABORATORY
CATION 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
02	02	01		02	02	28

*** 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			
0400 1 0 0 EFFLUENT GROSS VALUE IL & GREASE		*****	*****		7.2	*****	7.6	(12)	0	4/MO	GRAB
		*****	*****	*** ***	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR TRU TREATMENT PLANT		*****	*****		*****	*****	<5	(19)	0	1/MO	GRAB
		*****	*****	*** ***	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE		*****	0.04	(03)	*****	*****	*****		0	4/MO	RCORDR
		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	RCORDR
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		DATE		
631	344-3424			
AREA CODE	NUMBER	YEAR	MO	DAY

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

STATE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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

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

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

NY0005835
PERMIT NUMBER

06B M
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	02	01		02	02	28

*** 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			
0400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.5	(12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE See Note 2	SAMPLE MEASUREMENT	*****	0.6	(03)	*****	*****	*****		0	4/MO	RCORDR
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		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

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

ATTACHMENT II

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR FEBRUARY 2002

ANALYTICAL RESULTS FROM H2M LABS, INC.

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

2/4/02 AND 2/7/02

FROM OUTFALL 001