

Environmental Services Division

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

**BROOKHAVEN**  
NATIONAL LABORATORY

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

www.bnl.gov

April 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 March 2002**  
**REFERENCE: Letter from Robert Desmarais to Cunniff dated March 27, 2002**

Included as Attachment I, please find the DMR for the month of March 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, III, and IV. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

With the exception of one excursion for total lead analysis at Outfall 010, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please refer to item ten of the Discharge Monitoring Report Notes section for a description of this excursion. Soils at this outfall contain lead at concentrations of up to 50,000 mg/kg due to historical operations at the Central Steam Facility. The elevated lead levels are thought to originate from suspended sediment during rain events. The source and extent of contamination is being investigated and plans to remediate the area are being prepared.

Brookhaven National Laboratory received approval for a modified SPDES permit in early February. This DMR reflects the modified permit although some discrepancies have been found. For outfalls 001A, 001B, and 001D, the flow monitoring for these stations remains quarterly in the modified permit. The quarterly flow as recorded on the DMR is for the period 1/1/02 - 3/31/02 not 2/1/02 - 3/31/02 as marked on the DMR. In addition, total aluminum at Outfall 002, and total vanadium at Outfall 010 although required by the modified permit does not appear in the DMR. The requirements and monitoring results have therefore been added.

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 March 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 Health Services no later than April 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*  
Lori Cunniff, CEP  
Division Manager



LEC/MA:car

- Attachment I: Discharge Monitoring Report for March 2002.
- Attachment II: Analytical Results from H2M Labs for samples collected on 3/4/02, 3/6/02, and 3/8/02 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001A, 001B, 001D, 002, 002B, 005, 006A, 006B, 007, 008, and 010.
- Attachment IV: Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls 001F, 002, 002B, 005, 006A, and 006B.
- Attachment V: Non-Compliance Report for March SPDES Permit Excursion at Outfall 010.

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

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

**Brookhaven National Laboratory**  
**SPDES Permit No. NY0005835**  
**Discharge Monitoring Report for March 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. The reported concentration was estimated by the analytical laboratory.
3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
4. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
5. Photographic rinse waters discharged from Building 197B, are generated by two individual photographic processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentrations and total average flow have been reported in the DMR.

Location	Flow	pH	Total Nitrogen	Cyanide	Silver	Phenolics
1-87	54.2 GPD	6.5 SU	148 mg/L	< 10 µg/L	374 µg/L	< 5.0 µg/L
1-93B	20.2 GPD	7.9 SU	0.5 mg/L	< 10 µg/L	3.7 µg/L <sup>(a)</sup>	< 5.0 µg/L
<b>Total Flow</b>	74.2 GPD					

- a. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
6. PCBs were not detected at a method detection limit of 0.065 ppb per congener. Total PCBs have been reported as less than the individual detection limit.
7. The percent removals for BOD, 5-day and Total Suspended solids were calculated using one-half the method detection limit as the value for all concentrations reported as less than the method detection limit (<MDL).
8. Brookhaven National Laboratory received approval for a modified SPDES permit in early February. This DMR reflects the modified permit although some discrepancies have been found. For outfalls 001A, 001B, and 001D, the flow monitoring for these stations remains quarterly in the modified permit. The quarterly flow as recorded on the DMR is for the period 1/1/02 - 3/31/02 not 2/1/02 - 3/31/02 as marked on the DMR.
9. Brookhaven National Laboratory received approval for a modified SPDES permit in early February. This DMR reflects the modified permit although some discrepancies have been found. This parameter although required by the modified permit does not appear in the DMR. The requirements have therefore been added.

10. The total lead concentration at outfall 010 on January 11, 2002 was 0.09 mg/L, which exceeds the permit level of 0.05 mg/L. Soils at this outfall contain lead at concentrations of up to 50,000 mg/kg due to historical operations at the Central Steam Facility. The source and extent of contamination is being investigated and plans to remediate the area are being prepared.

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

NAME: U S D O E  
 ADDRESS: BROOKHAVEN NATIONAL LABORATORY  
 BROOKHAVEN AREA OFFICE  
 CITY: UPTON NY 11973  
 BROOKHAVEN NATIONAL LABORATORY  
 CATION: UPTON NY 11973  
 LTN: GEORGE MALOSH, GROUP MGR

NY0005835  
 PERMIT NUMBER

001 A  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	02	01		02	03	31

\*\*\* 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		1270	*****	( 07)	*****	*****	*****		0	QTRLY	RCORDR
0056 1 0 1 EFFLUENT GROSS VALUE see Notes 3 and 8		REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR
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  
 Mr. Frank Crescenzo  
 Acting 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 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL  
 SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM

ME U S D O E  
DRESS BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE  
UPTON NY 11973  
ILITY BROOKHAVEN NATIONAL LABORATORY  
ATION UPTON NY 11973  
TN: GEORGE MALOSH, GROUP MGR

NY0005835  
PERMIT NUMBER

001 A  
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MAJOR (SUBR 01)  
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	01	01		02	03	31

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PARAMETER	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 [S (2-ETHYLHEXYL) PHTHALATE	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.2	( 12)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*** ****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB
0100 1 0 0 EFFLUENT GROSS VALUE [N-BUTYL PHTHALATE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
0110 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
fr. Frank Crescenzo  
Acting 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)  
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

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

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

NAME **U S D O E**  
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
CITY **UPTON NY 11973**  
STATE **BROOKHAVEN NATIONAL LABORATORY**  
CITY **UPTON NY 11973**  
ATTN: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
PERMIT NUMBER

**001 B**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	02	01		02	03	31

**\*\*\* 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		199	*****	( 07)	*****	*****	*****		0	QTRLY	RCORDR
3056 1 0 1 EFFLUENT GROSS VALUE		REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR
See Notes 3 and 8											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**c. Frank Crescenzo**  
Acting Area Group Manager  
TYPED OR PRINTED

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

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**1) CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL**  
**2) 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**



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

**NY0005835**  
PERMIT NUMBER

**001 B**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	01	01		02	03	31

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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
H 0400 1 0 0 EFFLUENT GROSS VALUE CHROMIUM, TOTAL (AS CR) 1034 1 0 0 EFFLUENT GROSS VALUE COPPER, TOTAL (AS CU) 1042 1 0 0 EFFLUENT GROSS VALUE IRON, TOTAL (AS FE) 1045 1 0 0 EFFLUENT GROSS VALUE MANGANESE, TOTAL (AS MN) 1055 1 0 0 EFFLUENT GROSS VALUE NICKEL, TOTAL See (AS NI) Note 1 1067 1 0 0 EFFLUENT GROSS VALUE ZINC, TOTAL (AS ZN) 1092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.7	*****	8.7	( 12)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	REPORT MAXIMUM	SU			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	70.6	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	423	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	2050	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	47.5	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	36.9	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	50.5	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Mr. Frank Crescenzo**  
Acting 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

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

NAME: U S D O E  
 ADDRESS: BROOKHAVEN NATIONAL LABORATORY  
 BROOKHAVEN AREA OFFICE  
 CITY: UPTON NY 11973  
 LOCATION: BROOKHAVEN NATIONAL LABORATORY  
 UPTON NY 11973  
 ATTENTION: GEORGE MALOSH, GROUP MGR

NYD005835  
 PERMIT NUMBER

001 B  
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
02	01	01	02	03	31

\*\*\* 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			
1,2-DICHLOROETHANE		*****	*****		*****	*****	<1	( 28)	0	QTRLY	GRAB
2103 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHLOROETHANE		*****	*****		*****	*****	<1	( 28)	0	QTRLY	GRAB
2106 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHLOROETHANE		*****	*****		*****	*****	<1	( 28)	0	QTRLY	GRAB
4506 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,1-DICHLOROMETHANE		*****	*****		*****	*****	<1	( 28)	0	QTRLY	GRAB
3693 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,1-DICHLOROMETHANE		*****	*****		*****	*****	3	( 28)	0	QTRLY	GRAB
4100 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,1-DICHLOROMETHANE		*****	*****		*****	*****	1	( 28)	0	QTRLY	GRAB
9110 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHLOROETHANE		*****	*****		*****	*****	<1	( 28)	0	QTRLY	GRAB
5814 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE: Frank Crescenzo  
 Position: 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

CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL  
 SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS  
 PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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

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

NAME U S D O E  
ADDRESS BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE  
CITY UPTON NY 11973  
LOCATION BROOKHAVEN NATIONAL LABORATORY  
UPTON NY 11973  
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835  
PERMIT NUMBER

001 D  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	02	01		02	03	31

\*\*\* 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		74.2	*****	( 07 )	*****	*****	*****		0	QTRLY	RCORDR
0056 1 0 1 EFFLUENT GROSS VALUE		REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR
See Notes 3 and 8											

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

CHANGES 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

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

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

NAME U S D O E  
ADDRESS BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE  
CITY UPTON NY 11973  
LOCATION BROOKHAVEN NATIONAL LABORATORY  
UPTON NY 11973  
ATTN: GEORGE MALOSH, GROUP MGR

NY 0005835  
PERMIT NUMBER

001 0  
DISCHARGE NUMBER

MAJOR (SUBR 01)  
F - FINAL  
PHOTOPROCESSING RINSE FROM 197B

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
02	01	01	TO	02	03 31

\*\*\* 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			
See Note 5		*****	*****		6.5	*****	7.9	( 12)	0	QTRLY	GRAB
3400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB
NITROGEN, TOTAL See Note (AS N) 5		*****	*****		*****	*****	148	( 19)	0	QTRLY	GRAB
3600 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB
CYANIDE, TOTAL See Note (AS CN) 5		*****	*****		*****	*****	< 10	( 28)	0	QTRLY	GRAB
3720 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
SILVER, TOTAL See Note (AS AG) 5		*****	*****	***	*****	*****	374	( 28)	0	QTRLY	GRAB
1077 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
PHENOLICS, TOTAL RECOVERABLE		*****	*****		*****	*****	< 5	( 28)	0	QTRLY	GRAB
2730 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
See Note 5											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Frank Crescenzo  
Brookhaven 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)  
CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL  
SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING  
PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS  
Form 3320-1 (Rev. 3/99) Previous editions may be used.

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

NAME **U S D O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
 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

**001 E**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	01	01		02	03	31

FROM

TO

\*\*\* 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 3		*****	200	( 07 )	*****	*****	*****		0	QTRLY	RCORDR
00056 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT	DAILY MX GPD	*****	*****	*****	****		QTRLY	RCORDR
PH		*****	*****		9.5	*****	10.0	( 12 )	0	QTRLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Mr. Frank Crescenzo**  
Acting 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)  
 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  
 EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.  
 This is a 4-page form. PAGE 1 OF 1  
 01251/020311-1949



NATIONAL POLLUTANT 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  
 BROOKHAVEN AREA OFFICE  
 UPTON NY 11973  
 CITY BROOKHAVEN NATIONAL LABORATORY  
 UPTON NY 11973  
 STATE NY 11973  
 TITLE: GEORGE MALOSH, GROUP MGR

NY0005835  
PERMIT NUMBER

001 F  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
02	01	01	TO	02	03 31

FROM TO

\*\*\* 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 See Note 3	SAMPLE MEASUREMENT	*****	8433	( 07 )	*****	*****	*****		0	QTRLY	RCORDR
056 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		QTRLY	RCORDR
400 1 0 0 FLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.9	*****	7.9	( 12 )	0	QTRLY	GRAB
OPYLENE GLYCOL	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB
NOBUTYL ETHER	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 500	( 28 )	0	QTRLY	GRAB
875 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Frank Crescenzo  
 Cooling 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)

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 USDOE  
 BROOKHAVEN NATIONAL LABORATORY  
 BROOKHAVEN AREA OFFICE  
 UPTON NY 11973  
 BROOKHAVEN NATIONAL LABORATORY  
 UPTON NY 11973  
 ATTENTION: 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	03	01		02	03	31

\*\*\* 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			
TEMPERATURE, WATER EG. FAHRENHEIT 0011 1 0 0		*****	*****		*****	*****	54	( 15)	0	5/7	GRAB
EFFLUENT GROSS VALUE 3D, 5-DAY (20 DEG. C) 0310 1 0 0		*****	*****	****	*****	*****	90 DAILY MX	DEG. F		DAILY	GRAB
EFFLUENT GROSS VALUE 1 0400 1 0 0		*****	*****	****	*****	< 2	< 2	( 19)	0	3/MO	COMP24
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 0530 1 0 0		*****	*****	****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE SOLIDS, SETTLEABLE 0545 1 0 0		*****	*****	****	6.1	*****	6.4	( 12)	0	Daily	GRAB
EFFLUENT GROSS VALUE NITROGEN, TOTAL (AS N) 0600 1 0 0		*****	*****	****	5.8 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) 0610 1 0 0		*****	*****	****	*****	< 4	< 4	( 19)	0	3/MO	COMP24
EFFLUENT GROSS VALUE		*****	*****	****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	0.0	( 25)	0	5/7	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	0.1 DAILY MX	ML/L		DAILY	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	7.8	( 19)	0	3/MO	COMP24
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	10 DAILY MX	MG/L		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	0.1	( 19)	0	3/MO	COMP24
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	2 DAILY MX	MG/L		ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Frank Crescenzo  
 Group Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

USDOE  
 BROOKHAVEN NATIONAL LABORATORY  
 BROOKHAVEN AREA OFFICE  
 UPTON NY 11973  
 BROOKHAVEN NATIONAL LABORATORY  
 UPTON NY 11973  
 ATTENTION: 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	03	01		02	03	31

\*\*\* 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			
PHOSPHORUS, TOTAL (AS P) 0665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	1.8	( 19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP24
NITRIDE, TOTAL (AS CN) 0720 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	< 10	( 28)	0	3/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	100 DAILY MX	UG/L		TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU) 0042 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0.07	( 19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24
IRON, TOTAL (AS FE) 0045 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0.27	( 19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB) 0051 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	< 0.001	( 19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI) 1 0067 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0.008	( 19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG) 1 0077 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0.003	( 19)	0	3/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Frank Crescenzo  
 Group Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 631-344-3424  
 DATE  
 YEAR MO DAY

VIOLATIONS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S.  
 SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS  
 Form 3320-1 (Rev. 3/99) Previous editions may be used.



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

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

USDOE  
ADDRESS BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE  
UPTON NY 11973  
CITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION UPTON NY 11973  
ATTN: GEORGE MALOSH, GROUP MGR

NY0005035  
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	03	01		02	03	31

\*\*\* 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			
CADMIUM, TOTAL (AS ZN)		*****	*****		*****	*****	0.1	( 19)	0	3/MO	COMP24
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	0.1 DAILY MX	MG/L		ONCE/MONTH	COMP24
BENZENE		*****	*****		*****	*****	< 1	( 28)	0	3/MO	GRAB
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
ETHYLENE CHLORIDE (See Note 2)		*****	*****		*****	*****	0.7	( 28)	0	3/MO	GRAB
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
1,1-TRICHLOROETHANE		*****	*****		*****	*****	< 1	( 28)	0	3/MO	GRAB
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
IRON, IN CONDUIT OR TREATMENT PLANT		0.4	0.5	( 03)	*****	*****	*****		0	CONTINUOUS	RECORD
EFFLUENT GROSS VALUE		REPORT DAILY AV	2-3 DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RECORD
MERCURY, TOTAL (AS HG)		*****	*****		*****	*****	0.0003	( 19)	0	3/MO	COMP24
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	0.0008 DAILY MX	MG/L		ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL		*****	*****		*****	< 2	< 2	( 13)	0	3/MO	GRAB
EFFLUENT GROSS VALUE		*****	*****	***	*****	200	400 #/DAILY AV DAILY MX	100ML		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Frank Crescenzo  
Operating Area Group Manager  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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

USDOE  
 BROOKHAVEN NATIONAL LABORATORY  
 BROOKHAVEN AREA OFFICE  
 UPTON NY 11973  
 BROOKHAVEN NATIONAL LABORATORY  
 UPTON NY 11973  
 TN: 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	03	01	TO	02	03	31

\*\*\* 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			
BUTANONE		*****	*****		*****	*****	< 5	( 28)	0	3/MO	GRAB
356 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	50 DAILY MAX	UG/L		ONCE/MONTH	GRAB
D, 5-DAY PERCENT REMOVAL See Note 7		*****	*****		> 98	*****	*****	( 23)	0	1/MO	CALCTD
010 K 0 0 CENTREMOVAL		*****	*****	***	85 MO. AV. MN	*****	*****	PER- CENT.		ONCE/MONTH	CALCTD
LIDS, SUSPENDED CENTREMOVAL		*****	*****		> 98	*****	*****	( 23)	0	1/MO	CALCTD
011 K 0 0 CENTREMOVAL		*****	*****	***	85 MO. AV. MN	*****	*****	PER- CENT.		ONCE/MONTH	CALCTD
Note 7											

TITLE PRINCIPAL EXECUTIVE OFFICER  
 Frank Crescenzo  
 ing 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: \_\_\_\_\_

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

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

E PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

RE U S D O E  
BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE  
UPTON NY 11973  
BROOKHAVEN NATIONAL LABORATORY  
UPTON NY 11973  
IN: GEORGE MALOSH, GROUP MGR

NY0005835  
PERMIT NUMBER

0010  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	01	01		02	03	31

\*\*\* 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			
POLYCHLORINATED PHENYLS (PCBS) 1516 1 0 0 EFFLUENT GROSS VALUE see Note 6	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.065	( 28)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	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 G. Frank Crescenzo Brookhaven Area Group Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		631-344-3424		YEAR	MO	DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
NO ANALYSIS TO USE EPA METHOD 608 WITH AN MDL GOAL OF 0.065 PPB

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

MITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 U S D O E  
 BROOKHAVEN NATIONAL LABORATORY  
 BROOKHAVEN AREA OFFICE  
 UPTON NY 11973  
 BROOKHAVEN NATIONAL LABORATORY  
 UPTON NY 11973  
 IN: GEORGE MALOSH, GROUP MGR

NY0005835  
 PERMIT NUMBER

002 B  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 01)  
 F - FINAL  
 RF(1004) & BRAHMS(1002) BLOWDN

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
02	03	01	02	03	31

\*\*\* 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			
1400 1 0 0 EFFLUENT GROSS VALUE L & GREASE	SAMPLE MEASUREMENT	*****	*****		7.9	*****	7.9	( 12)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE LOW IN CONDUIT OR TRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
1050 1 0 0 EFFLUENT GROSS VALUE See Note 3	SAMPLE MEASUREMENT	*****	0.00001	( 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  
 Frank Crescenzo  
 Operating 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: 631 NUMBER: 344-3424  
 DATE: 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.

ME U S D O E  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 BROOKHAVEN AREA OFFICE  
 CITY UPTON NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON NY 11973  
 ATTENTION: GEORGE MALOSH, GROUP MGR

NY0005835  
 PERMIT NUMBER

002 M  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	03	01		02	03	31

\*\*\* 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			
1400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.1	( 12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
1556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR RIVER TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
1050 1 0 0 EFFLUENT GROSS VALUE see Note 3	SAMPLE MEASUREMENT	*****	0.03	( 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											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Frank Crescenzo  
 Acting 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 AND REQUIREMENTS.  
 SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.



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

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

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

ME U S D O E  
DRESS BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE  
UPTON NY 11973  
CILITY BROOKHAVEN NATIONAL LABORATORY  
ATION UPTON NY 11973

NY0005835  
PERMIT NUMBER

002 Q  
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
02 01 01 TO 02 03 31

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

NOTE: Read instructions before completing this form.

ATTN: GEORGE MALOSH, GROUP MGR

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLOROFORM		*****	*****		*****	*****	< 1	( 28)	0	QTRLY	GRAB
106 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	DAILY MX	UG/L		QTRLY	GRAB
1,1-TRICHLORO-ETHANE		*****	*****		*****	*****	< 1	( 28)	0	QTRLY	GRAB
506 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	DAILY MX	UG/L		QTRLY	GRAB
MONODICHLOROMETHANE		*****	*****		*****	*****	< 1	( 28)	0	QTRLY	GRAB
693 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	DAILY MX	50 UG/L		QTRLY	GRAB
2-HYDROXY-ETHYLIDENE		*****	*****		*****	*****	< 0.05	( 19)	0	QTRLY	GRAB
812 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	DAILY MX	0.5 MG/L		QTRLY	GRAB
OLYTRIAZOLE		*****	*****		*****	*****	< 0.005	( 19)	0	QTRLY	GRAB
813 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	DAILY MX	0.2 MG/L		QTRLY	GRAB
ALUMINUM, TOTAL (AS AL)		*****	*****		*****	*****	0.03		0	QTRLY	GRAB
SEE NOTES 1 AND 9		*****	*****	****	*****	*****	DAILY MX	2.0 MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
  
r. Frank Crescenzo  
Acting Area Group Manager  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

3 ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL  
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS  
SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR DETECTOR

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

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

MAJOR  
(SUBR 01)  
F - FINAL  
RF(1004) & BRAHMS(1002) BLOWDN

ME U S D O E  
ADDRESS BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE  
CILITY UPTON NY 11973  
BROOKHAVEN NATIONAL LABORATORY  
UPTON NY 11973  
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835  
PERMIT NUMBER

002 R  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
02	02	01	TO	02	03 31

\*\*\* 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			
-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	( 19)	0	QTRLY	GRAB
812 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.5	DAILY MK		QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 0.005	( 19)	0	QTRLY	GRAB
OLYTRIAZOLE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2	DAILY MK		QTRLY	GRAB
813 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	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  
AREA CODE NUMBER YEAR MO DAY

REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE THE RHIC RING. ONCE THE STORMWATER COLLECTION SYSTEM IS EXTENDED TO 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE DIRECTED TO THE NEW BASIN.

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

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

ME U S D O E  
ADDRESS BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE  
CITY UPTON NY 11973  
LOCATION BROOKHAVEN NATIONAL LABORATORY  
UPTON NY 11973  
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835  
PERMIT NUMBER

005 M  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	03	01		02	03	31

\*\*\* 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			
1400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		7.6	*****	8.3	( 12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
1556 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR IRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
1050 1 0 1 EFFLUENT GROSS VALUE See Note 3	SAMPLE MEASUREMENT	****	0.3	( 03)	*****	*****	*****		0	4/MO	RCORDR
	PERMIT REQUIREMENT	REPORT	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  
Brookhaven 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



WE U S D O E  
 DRESS BROOKHAVEN NATIONAL LABORATORY  
 BROOKHAVEN AREA OFFICE  
 UPTON NY 11973  
 ILITY BROOKHAVEN NATIONAL LABORATORY  
 ATION UPTON NY 11973  
 TN: GEORGE MALOSH, GROUP HGR

NY 0005835  
 PERMIT NUMBER

005 0  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	01	01		02	03	31

\*\*\* 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			
COPPER, TOTAL (AS CU) See Note 1 042 1 0 0 FLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.004	( 19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB
HYDROXY-ETHYLIDENE 812 1 0 0 FLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	( 19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB
TRICHLOROETHYLENE 813 1 0 0 FLUENT 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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Frank Crescenzo  
 Operating 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)  
 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  
 BROOKHAVEN AREA OFFICE  
 UPTON NY 11973  
 CITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON NY 11973  
 ATTENTION: 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	03	01		02	03	31

\*\*\* 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	*****	240,000	( 07 )	*****	*****	*****		0	16/MO	INSTAN
1056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
1400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.9	*****	6.9	( 12 )	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Frank Crescenzo Brookhaven Area Group Manager  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		631-344-3424		YEAR	MO	DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		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  
 BROOKHAVEN AREA OFFICE  
 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	YEAR	MO	DAY	
02	03	01	TO	02	03	31

\*\*\* 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			
LOW RATE See Note 4		*****	8554	( 07 )	*****	*****	*****		0	1/MO	INSTAN
0056 1 0 0 EFFLUENT GROSS VALUE H	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
0400 1 0 0 EFFLUENT GROSS VALUE IL & GREASE	SAMPLE MEASUREMENT	*****	*****		8.1	*****	8.1	( 12 )	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE 1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
4501 1 0 0 EFFLUENT GROSS VALUE 1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	( 28 )	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB
4506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	( 28 )	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Mr. Frank Crescenzo  
 Acting 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

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

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

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

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

NAME: U S D O E  
ADDRESS: BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE  
CITY: UPTON NY 11973  
STATE: BROOKHAVEN NATIONAL LABORATORY  
CATION: UPTON NY 11973

NY0005835  
PERMIT NUMBER

008 0  
DISCHARGE NUMBER

MAJOR (SUBR 01)  
F - FINAL  
SW RUNOFF FROM WAREHOUSE AREA

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	03	01		02	03	31

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

NOTE: Read instructions before completing this form.

ATTN: GEORGE MALOSH, GROUP MGR

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALUMINUM, TOTAL (AS AL) 1105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.0	( 19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	2.0	DAILY-MX		QTRLY	GRAB
	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  
r. Frank Crescenzo  
Acting 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)

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

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

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

NAME U S D O E  
ADDRESS BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE  
CITY UPTON NY 11973  
LOCATION BROOKHAVEN NATIONAL LABORATORY  
UPTON NY 11973

NY0005835  
PERMIT NUMBER

010 M  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	03	01		02	03	31

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	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LOW RATE See Note 4		*****	48828	( 07 )	*****	*****	*****		0	1/MO	INSTAN
0056 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/ MONTH	INSTAN
0400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		7.4	*****	7.4	( 12 )	0	1/MO	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
IL & GREASE		*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
r. Frank Crescenzo  
Acting 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

PARAMETERS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING STORM EVENT. (IF NO DISCHARGE, ENTER "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS



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

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

MAJOR  
(SUBR 01)  
F - FINAL  
SW RUNOFF FROM CENTRAL STM (H)

NAME U S D O E  
ADDRESS BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE  
CITY UPTON NY 11973  
FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION UPTON NY 11973

NY0005835  
PERMIT NUMBER

010 0  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	03	01		02	03	31

FROM

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

ATTN: GEORGE MALOSH, GROUP MGR

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU) See Note 1 1042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.01	( 19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0	DAILY MX			GRAB
LEAD, TOTAL (AS PB) See Note 10 11051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.09	( 19)	1	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	.05	DAILY MX			GRAB
ALUMINUM, TOTAL (AS AL) 2 1105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.2	( 19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	2.0	DAILY MX			GRAB
VANADIUM, TOTAL (AS V) EFFLUENT GROSS VALUE SEE NOTES 1 and 9	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.02		0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT	Daily MX			GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. Frank Crescenzo  
Acting Area Group Manager  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

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

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

NAME U S D O E  
ADDRESS BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE  
CITY UPTON NY 11973  
LOCATION BROOKHAVEN NATIONAL LABORATORY  
UPTON NY 11973  
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835  
PERMIT NUMBER

06A M  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	03	01		02	03	31

\*\*\* 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 OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.1	( 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 3	SAMPLE MEASUREMENT	*****	0.1	( 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  
c. Frank Crescenzo  
Operating 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

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

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

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

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

NY0005835  
PERMIT NUMBER

06A 0  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	01	01		02	03	31

FROM

\*\*\* 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			
-HYDROXY-ETHYLIDENE 5812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	( 19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB
POLYTRIAZOLE 5813 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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
r. Frank Crescenzo  
Brookhaven 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)  
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL  
SEE PERMIT FOR ADDITIONAL NOTES, COMMENT 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**  
**BROOKHAVEN AREA OFFICE**  
**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 TOWER FROM 919 ETC(HT2)

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
02	03	01	TO	02	03	31

\*\*\* 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 0400 1 0 0 EFFLUENT GROSS VALUE IL & GREASE		*****	*****		7.6	*****	8.1	( 12 )	0	4/MO	GRAB
		*****	*****	****	REPORT MINIMUM	*****	9.0 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		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
see Note 3		*****	0.5	( 03 )	*****	*****	*****		0	4/MO	RCORDR
		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**r. Frank Crescenzo**  
**cting 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

NAME **U S D O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
 FACILITY **UPTON** NY **11973**  
 LOCATION **BROOKHAVEN NATIONAL LABORATORY**  
**UPTON** NY **11973**  
 ATTENTION: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
 PERMIT NUMBER

**06B 0**  
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
02	01	01	TO	02	03 31

\*\*\* 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			
-HYDROXY-ETHYLIDENE 15812 1 0 0 EFFLUENT GROSS VALUE POLYTRIAZOLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	( 19)	0	QTRLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.5 DAILY MX	MG/L			QTRLY GRAB
15813 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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Ir. Frank Crescenzo**  
 Acting 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)  
 NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL  
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS