

**BROOKHAVEN**  
NATIONAL LABORATORY

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

www.bnl.gov

June 21, 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 May 2002**  
**REFERENCE: Letter from Robert Desmarais to Cunniff dated May 30, 2002**

Included as Attachment I, please find the DMR for the month of May 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, 005, 006A, and 006B are therefore, daily averages.

Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of May 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 June 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 May 2002.

Attachment II: Analytical Results from H2M Labs for samples collected on 5/2/02 and 5/6/02 from Outfall 001.

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

|     |              |                 |               |                 |
|-----|--------------|-----------------|---------------|-----------------|
| cc: | M. Allocco   | w/attachments   | M. Baldwin    | w/attachments   |
|     | M. Bebon     | w/o 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   | M. Wood       | w/o attachments |

EC62ER.02

**Brookhaven National Laboratory**  
**SPDES Permit No. NY0005835**  
**Discharge Monitoring Report for May 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. 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).

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

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

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

001 M  
 DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 02                | 05 | 01  |    | 02   | 05 | 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 |        |                       |             |
| TEMPERATURE, WATER DEG. FAHRENHEIT<br>00011 1 0 0<br>EFFLUENT GROSS VALUE |                    | *****               | *****   |       | *****                    | *****   | 72      | ( 15) | 0      | 5/7                   | GRAB        |
| BOD, 5-DAY (20 DEG. C)<br>00310 1 0 0<br>EFFLUENT GROSS VALUE             |                    | *****               | *****   |       | *****                    | < 2     | < 2     | ( 19) | 0      | 2/mo                  | COMP24      |
| PH<br>00400 1 0 0<br>EFFLUENT GROSS VALUE                                 |                    | *****               | *****   |       | 6.5                      | *****   | 6.9     | ( 12) | 0      | DAILY                 | GRAB        |
| SOLIDS, TOTAL SUSPENDED<br>00530 1 0 0<br>EFFLUENT GROSS VALUE            |                    | *****               | *****   |       | *****                    | < 4     | < 4     | ( 19) | 0      | 2/MO                  | COMP24      |
| SOLIDS, SETTLEABLE<br>00545 1 0 0<br>EFFLUENT GROSS VALUE                 |                    | *****               | *****   |       | *****                    | *****   | 0.0     | ( 25) | 0      | 5/7                   | GRAB        |
| NITROGEN, TOTAL (AS N)<br>00600 1 0 0<br>EFFLUENT GROSS VALUE             |                    | *****               | *****   |       | *****                    | *****   | 5.4     | ( 19) | 0      | 2/MO                  | COMP24      |
| NITROGEN, AMMONIA TOTAL (AS N)<br>00610 1 0 0<br>EFFLUENT GROSS VALUE     |                    | *****               | *****   |       | *****                    | *****   | 0.3     | ( 19) | 0      | 2/MO                  | COMP24      |

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)  
 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

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**

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

**NY0005835**  
PERMIT NUMBER

**001 M**  
DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 02                | 05 | 01  |    | 02   | 05 | 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 |        |                       |             |
| PHOSPHORUS, TOTAL (AS P)<br>00665 1 0 0<br>EFFLUENT GROSS VALUE         | SAMPLE MEASUREMENT | *****               | *****   |       | *****                    | *****   | 2.0             | ( 19) | 0      | 2/MO                  | COMP24      |
|   | PERMIT REQUIREMENT | *****               | *****   | ****  | *****                    | *****   | REPORT DAILY MX | MG/L  |        | ONCE/MONTH            | COMP24      |
| CYANIDE, TOTAL (AS CN)<br>00720 1 0 0<br>EFFLUENT GROSS VALUE           | SAMPLE MEASUREMENT | *****               | *****   |       | *****                    | *****   | < 10            | ( 28) | 0      | 2/MO                  | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****   | ****  | *****                    | *****   | 100 DAILY MX    | UG/L  |        | TWICE/MONTH           | GRAB        |
| COPPER, TOTAL (AS CU)<br>01042 1 0 0<br>EFFLUENT GROSS VALUE            | SAMPLE MEASUREMENT | *****               | *****   |       | *****                    | *****   | 0.05            | ( 19) | 0      | 2/MO                  | COMP24      |
|   | PERMIT REQUIREMENT | *****               | *****   | ****  | *****                    | *****   | 0.15 DAILY MX   | MG/L  |        | ONCE/MONTH            | COMP24      |
| IRON, TOTAL (AS FE)<br>01045 1 0 0<br>EFFLUENT GROSS VALUE              | SAMPLE MEASUREMENT | *****               | *****   |       | *****                    | *****   | 0.18            | ( 19) | 0      | 2/MO                  | COMP24      |
|   | PERMIT REQUIREMENT | *****               | *****   | ****  | *****                    | *****   | 0.37 DAILY MX   | MG/L  |        | ONCE/MONTH            | COMP24      |
| LEAD, TOTAL (AS PB) See Note 1<br>01051 1 0 0<br>EFFLUENT GROSS VALUE   | SAMPLE MEASUREMENT | *****               | *****   |       | *****                    | *****   | 0.002           | ( 19) | 0      | 2/MO                  | COMP24      |
|   | PERMIT REQUIREMENT | *****               | *****   | ****  | *****                    | *****   | 0.019 DAILY MX  | MG/L  |        | ONCE/MONTH            | COMP24      |
| NICKEL, TOTAL (AS NI) See Note 1<br>01067 1 0 0<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | *****               | *****   |       | *****                    | *****   | 0.005           | ( 19) | 0      | 2/MO                  | COMP24      |
|   | PERMIT REQUIREMENT | *****               | *****   | ****  | *****                    | *****   | 0.11 DAILY MX   | MG/L  |        | ONCE/MONTH            | COMP24      |
| SILVER, TOTAL (AS AG) See Note 1<br>01077 1 0 0<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | *****               | *****   |       | *****                    | *****   | 0.003           | ( 19) | 0      | 2/MO                  | COMP24      |
|   | PERMIT REQUIREMENT | *****               | *****   | ****  | *****                    | *****   | 0.015 DAILY MX  | MG/L  |        | ONCE/MONTH            | COMP24      |

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

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 SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location V/D if relevant)  
 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 HALOSH, GROUP MGR**

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

**NY0005835** PERMIT NUMBER  
**001 M** DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 02                | 05 | 01  |    | 02   | 05 | 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    |         |                       |             |
| ZINC, TOTAL (AS ZN)<br>01092 1 0 0<br>EFFLUENT GROSS VALUE                      | SAMPLE MEASUREMENT | *****               | *****   |              | *****                    | *****   | 0.04    | ( 19)    | 0       | 2/MO                  | COMP24      |
|   | PERMIT REQUIREMENT | *****               | *****   | ***          | *****                    | *****   | 0.1     | DAILY MX |         | ONCE/MO               | COMP24      |
| TOLUENE<br>34010 1 0 0<br>EFFLUENT GROSS VALUE                                  | SAMPLE MEASUREMENT | *****               | *****   |              | *****                    | *****   | < 1     | ( 28)    | 0       | 2/MO                  | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****   | ***          | *****                    | *****   | 5       | DAILY MX |         | ONCE/MO               | GRAB        |
| METHYLENE CHLORIDE<br>34423 1 0 0<br>EFFLUENT GROSS VALUE                       | SAMPLE MEASUREMENT | *****               | *****   |              | *****                    | *****   | < 1     | ( 28)    | 0       | 2/MO                  | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****   | ***          | *****                    | *****   |         | DAILY MX |         | ONCE/MO               | GRAB        |
| 1,1,1-TRICHLORO-ETHANE<br>34506 1 0 0<br>EFFLUENT GROSS VALUE                   | SAMPLE MEASUREMENT | *****               | *****   |              | *****                    | *****   | < 1     | ( 28)    | 0       | 2/MO                  | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****   | ***          | *****                    | *****   |         | DAILY MX |         | ONCE/MO               | GRAB        |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT<br>50050 1 0 0<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.5                 | 0.6     | ( 03)        | *****                    | *****   | *****   |          | 0       | CONTINUOUS            | RECORDR     |
|   | PERMIT REQUIREMENT | REPORT DAILY AV     | 2.3     | DAILY MX MGD | *****                    | *****   | *****   | *****    | *****   | CONTINUOUS            | RECORDR     |
| MERCURY, TOTAL (AS HG)<br>71900 1 0 0<br>EFFLUENT GROSS VALUE                   | SAMPLE MEASUREMENT | *****               | *****   |              | *****                    | *****   | 0.0002  | ( 19)    | 0       | 2/MO                  | COMP24      |
|   | PERMIT REQUIREMENT | *****               | *****   | ***          | *****                    | *****   | 0.0008  | DAILY MX |         | ONCE/MO               | COMP24      |
| COLIFORM, FECAL GENERAL<br>74055 1 0 0<br>EFFLUENT GROSS VALUE                  | SAMPLE MEASUREMENT | *****               | *****   |              | *****                    | *****   | < 2     | < 2      | 0       | 2/MO                  | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****   | ***          | *****                    | *****   | 200     | 400      | #/100ML | ONCE/MO               | GRAB        |

|  |   |              |        |      |    |     |
|--|---|--------------|--------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>Mr. Frank Crescenzo<br>Acting Area Group Manager<br><br>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 |        |      |    |     |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT   |   | AREA CODE    | NUMBER | YEAR | MO | DAY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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~~SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS~~  
 EPA 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**  
**UPTON NY 11973**  
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
 LOCATION **UPTON NY 11973**  
 ATTN: **GEORGE MALOSH, GROUP MGR**

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

**NY0005835**  
PERMIT NUMBER

**001 H**  
DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 02                | 05 | 01  |    | 02   | 05 | 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        |        |                       |             |
| 2-BUTANONE                                      |   | *****               | *****   |       | *****                    | *****   | <5               | ( 28)        | 0      | 2/MO                  | GRAB        |
| 78356 1 0 0<br>EFFLUENT GROSS VALUE             |   | *****               | *****   | ***   | *****                    | *****   | 100<br>DAILY MAX | UG/L         |        | INCE/GRAB<br>MONTH    |             |
| BOD, 5-DAY PERCENT<br>REMOVAL See Note 4        |   | *****               | *****   |       | >95                      | *****   | *****            | ( 23)        | 0      | 1/MO                  | CALCTD      |
| 81010 K 0 0<br>PERCENT REMOVAL                  |   | *****               | *****   | ***   | 85<br>NO. AV. MN         | *****   | *****            | PER-<br>CENT |        | INCE/<br>MONTH        | CALCTD      |
| SOLIDS, SUSPENDED<br>PERCENT REMOVAL See Note 4 |   | *****               | *****   |       | >90                      | *****   | *****            | ( 23)        | 0      | 1/MO                  | CALCTD      |
| 81011 K 0 0<br>PERCENT REMOVAL                  |   | *****               | *****   | ***   | 85<br>NO. AV. MN         | *****   | *****            | PER-<br>CENT |        | INCE/<br>MONTH        | CALCTD      |
|   |   |                     |         |       |                          |         |                  |              |        |                       |             |
|   |   |                     |         |       |                          |         |                  |              |        |                       |             |
|   |   |                     |         |       |                          |         |                  |              |        |                       |             |
|   |   |                     |         |       |                          |         |                  |              |        |                       |             |
|   |   |                     |         |       |                          |         |                  |              |        |                       |             |
|   |   |                     |         |       |                          |         |                  |              |        |                       |             |

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

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

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SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

01201/020510-1947



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

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

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

**NY0005835**  
PERMIT NUMBER

**002 B**  
DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 02                | 05 | 01  |    | 02   | 05 | 31  |

FROM

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

NOTE: Read instructions before completing this form.

| PARAMETER                                | X                  | QUANTITY OR LOADING |                 |       | QUALITY OR CONCENTRATION |         |         |          | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------|-------|--------------------------|---------|---------|----------|--------|-----------------------|-------------|
|  |                    | AVERAGE             | MAXIMUM         | UNITS | MINIMUM                  | AVERAGE | MAXIMUM | UNITS    |        |                       |             |
| PH                                       |                    | *****               | *****           |       | 7.4                      | *****   | 7.4     | ( 12)    | 0      | 1/MO                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****           | ****  | REPORT MINIMUM           | *****   | 9.0     | SU       |        | ONCE/MONTH            | GRAB        |
| OIL & GREASE                             |                    | *****               | *****           |       | *****                    | *****   | < 5     | ( 19)    | 0      | 1/MO                  | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****           | ****  | *****                    | *****   | 15      | DAILY TX |        | ONCE/MONTH            | GRAB        |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT |                    | *****               | 0.00002         | ( 03) | *****                    | *****   | *****   |          | 0      | 4/MO                  | RCORDR      |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | REPORT DAILY TX | MGD   | *****                    | *****   | *****   | ****     |        | ONCE/MONTH            | RCORDR      |
| See Note 2                               |                    |                     |                 |       |                          |         |         |          |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |       |                          |         |         |          |        |                       |             |
|  |                    |                     |                 |       |                          |         |         |          |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |       |                          |         |         |          |        |                       |             |
|  |                    |                     |                 |       |                          |         |         |          |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |       |                          |         |         |          |        |                       |             |
|  |                    |                     |                 |       |                          |         |         |          |        |                       |             |
|  | 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

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

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NY0005835  
PERMIT NUMBER

002 M  
DISCHARGE NUMBER

MAJOR  
(SUBR 01)

F - FINAL

AGS NON-C COOLING, PRCP, ETC (HN)

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 02                | 05 | 01  |    | 02   | 05 | 31  |

FROM

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

NOTE: Read instructions before completing this form.

| PARAMETER                                | X                  | QUANTITY OR LOADING |         |        | QUALITY OR CONCENTRATION |         |              |        | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|--------|--------------------------|---------|--------------|--------|--------|-----------------------|-------------|
|  |                    | AVERAGE             | MAXIMUM | UNITS  | MINIMUM                  | AVERAGE | MAXIMUM      | UNITS  |        |                       |             |
| PH                                       |                    | *****               | *****   |        | 7.9                      | *****   | 8.6          | ( 12 ) | 0      | 4/MO                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE      | SAMPLE MEASUREMENT | *****               | *****   | ****   | REPORT MINIMUM           | *****   | 9.0 MAXIMUM  | SU     |        | ONCE/MONTH            | GRAB        |
| OIL & GREASE                             |                    | *****               | *****   |        | *****                    | *****   | < 5          | ( 19 ) | 0      | 1/MO                  | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE      | SAMPLE MEASUREMENT | *****               | *****   | ****   | *****                    | *****   | 15 DAILY MAX | MG/L   |        | ONCE/MONTH            | GRAB        |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT |                    | 0.2                 | *****   | ( 03 ) | *****                    | *****   | *****        |        | 0      | 4/MO                  | RCORDR      |
| 50050 1 0 1<br>EFFLUENT GROSS VALUE      | SAMPLE MEASUREMENT | REPORT DAILY MAX    | *****   | MGD    | *****                    | *****   | *****        | ****   |        | ONCE/MONTH            | RCORDR      |
| See Note 2                               | PERMIT REQUIREMENT |                     |         |        |                          |         |              |        |        |                       |             |
|  | PERMIT REQUIREMENT |                     |         |        |                          |         |              |        |        |                       |             |
|  | PERMIT REQUIREMENT |                     |         |        |                          |         |              |        |        |                       |             |
|  | PERMIT REQUIREMENT |                     |         |        |                          |         |              |        |        |                       |             |
|  | PERMIT REQUIREMENT |                     |         |        |                          |         |              |        |        |                       |             |
|  | 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

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

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

**NY0005835**  
PERMIT NUMBER

**005 M**  
DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |      |    |     |    |
|-------------------|----|-----|------|----|-----|----|
| YEAR              | MO | DAY | YEAR | MO | DAY |    |
| 02                | 05 | 01  | TO   | 02 | 05  | 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    |        |                       |             |
| PH  |   | *****               | *****   |       | 7.8                      | *****   | 8.1     | ( 12)    | 0      | 4/MO                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | REPORT                   | *****   | 8.5     | SU       |        | ONCE/MONTH            | GRAB        |
| OIL & GREASE                                |   | *****               | *****   |       | *****                    | *****   | < 5     | ( 19)    | 0      | 1/MO                  | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | *****                    | *****   | 15      | DAILY MX |        | ONCE/MONTH            | GRAB        |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | 0.1                 | *****   | ( 03) | *****                    | *****   | *****   |          | 0      | 4/MO                  | RCORDR      |
| 50050 1 0 1<br>EFFLUENT GROSS VALUE         |   | REPORT              | *****   | MGD   | *****                    | *****   | *****   | ****     |        | ONCE/MONTH            | RCORDR      |
| See Note 2                                  |   |                     |         |       |                          |         |         |          |        |                       |             |
|   |   |                     |         |       |                          |         |         |          |        |                       |             |
|   |   |                     |         |       |                          |         |         |          |        |                       |             |
|   |   |                     |         |       |                          |         |         |          |        |                       |             |
|   |   |                     |         |       |                          |         |         |          |        |                       |             |
|   |   |                     |         |       |                          |         |         |          |        |                       |             |
|   |   |                     |         |       |                          |         |         |          |        |                       |             |
|   |   |                     |         |       |                          |         |         |          |        |                       |             |

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

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

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**

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

**NY0005835**  
PERMIT NUMBER

**007 M**  
DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |      |    |     |    |
|-------------------|----|-----|------|----|-----|----|
| YEAR              | MO | DAY | YEAR | MO | DAY |    |
| 02                | 05 | 01  | TO   | 02 | 05  | 31 |

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

| PARAMETER                           | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | QUANTITY OR LOADING |                 |        | QUALITY OR CONCENTRATION |         |             |        | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|---|---------------------|-----------------|--------|--------------------------|---------|-------------|--------|--------|-----------------------|-------------|
|                                     |   | AVERAGE             | MAXIMUM         | UNITS  | MINIMUM                  | AVERAGE | MAXIMUM     | UNITS  |        |                       |             |
| FLOW RATE                           | SAMPLE MEASUREMENT                      | *****               | 160000          | ( 07 ) | *****                    | *****   | *****       |        | 0      | 5/MO                  | INSTAN      |
| 00056 1 0 0<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT                      | *****               | REPORT DAILY MX | GPD    | *****                    | *****   | *****       | ****   |        | ONCE/MONTH            | INSTAN      |
| PH                                  | SAMPLE MEASUREMENT                      | *****               | *****           |        | 6.7                      | *****   | 6.7         | ( 12 ) | 0      | 1/MO                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE | 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                      |                     |                 |        |                          |         |             |        |        |                       |             |
|                                     | SAMPLE MEASUREMENT                      |                     |                 |        |                          |         |             |        |        |                       |             |
|                                     | PERMIT REQUIREMENT                      |                     |                 |        |                          |         |             |        |        |                       |             |

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

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

SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES.

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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

01205/020510-1949 This is a 4-part form. PAGE 1 OF 1

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**

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

**NY0005835**  
PERMIT NUMBER

**008 M**  
DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 02                | 05 | 01  |    | 02   | 05 | 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 See Note 3                             |   | *****               | 544453          | ( 07 ) | *****                    | *****        | *****       |        | 0      | 1/MO                  | INSTAN      |
| 00056 1 0 0<br>EFFLUENT GROSS VALUE              |   | *****               | REPORT DAILY MX | GPD    | *****                    | *****        | *****       | ****   |        | ONCE/MONTH            | INSTAN      |
| PH   |   | *****               | *****           |        | 7.1                      | *****        | 7.1         | ( 12 ) | 0      | 1/MO                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE              |   | *****               | *****           | ****   | REPORT MINIMUM           | *****        | 8.5 MAXIMUM | SU     |        | ONCE/MONTH            | GRAB        |
| OIL & GREASE                                     |   | *****               | *****           |        | *****                    | *****        | < 5         | ( 19 ) | 0      | 1/MO                  | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE              |   | *****               | *****           | ****   | *****                    | *****        | DAILY MX    | MG/L   |        | ONCE/MONTH            | GRAB        |
| 1,1-DICHLOROETHYLENE                             |   | *****               | *****           |        | *****                    | *****        | < 1         | ( 28 ) | 0      | 1/MO                  | GRAB        |
| 34501 1 0 0<br>EFFLUENT GROSS VALUE              |   | *****               | *****           | ****   | *****                    | *****        | DAILY MX    | UG/L   |        | ONCE/MONTH            | GRAB        |
| 1,1,1-TRICHLOROETHANE                            |   | *****               | *****           |        | *****                    | *****        | < 1         | ( 28 ) | 0      | 1/MO                  | GRAB        |
| 34506 1 0 0<br>EFFLUENT GROSS VALUE              |   | *****               | *****           | ****   | *****                    | *****        | DAILY MX    | UG/L   |        | ONCE/MONTH            | GRAB        |
|  |   |                     |                 |        |                          |              |             |        |        |                       |             |
|  |   |                     |                 |        |                          |              |             |        |        |                       |             |
|  |   |                     |                 |        |                          |              |             |        |        |                       |             |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER           | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |                     |                 |        |                          | TELEPHONE    |             | DATE   |        |                       |             |
| Mr. Frank Crescenzo<br>Acting Area Group Manager |   |                     |                 |        |                          | 631 344-3424 |             |        |        |                       |             |
| TYPED OR PRINTED                                 | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  |                     |                 |        |                          | AREA CODE    | NUMBER      | YEAR   | MO     | DAY                   |             |

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



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**

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

**NY0005835** PERMIT NUMBER  
**010 M** DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 02                | 05 | 01  |    | 02   | 05 | 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<br>See Note 3             |                    | *****               | 25932           | ( 07 ) | *****                    | *****   | *****         |        | 0      | 1/MO                  | INSTAN      |
| 00056 1 0 0<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | *****               | REPORT DAILY HX | GPD    | *****                    | *****   | *****         | ****   |        | ONCE/MONTH            | INSTAN      |
| PH                                  |                    | *****               | *****           |        | 7.4                      | *****   | 7.4           | ( 12 ) | 0      | 1/MO                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | *****               | *****           | ****   | REPORT MINIMUM           | *****   | 8.5 MAXIMUM   | SU     |        | ONCE/MONTH            | GRAB        |
| OIL & GREASE                        |                    | *****               | *****           |        | *****                    | *****   | <5            | ( 19 ) | 0      | 1/MO                  | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    | *****   | 15 (DAILY HX) | M6/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<br><b>Mr. Frank Crescenzo</b><br>Acting Area Group Manager | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE    |        | DATE |    |     |
|   |   | 631 344-3424 |        |      |    |     |
| TYPED OR PRINTED  | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  | AREA CODE    | NUMBER | YEAR | MO | DAY |

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

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 (F/D) if front)

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**

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

**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                | 05 | 01  |    | 02   | 05 | 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  |        |                       |             |
| PH  |   | *****               | *****   |        | 7.6                      | *****   | 8.2            | ( 12 ) | 0      | 4/MO                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****   | REPORT<br>MINIMUM        | *****   | 9.0<br>MAXIMUM | SU     |        | ONCE/<br>MONTH        | GRAB        |
| OIL & GREASE                                |   | *****               | *****   |        | *****                    | *****   | < 5            | ( 19 ) | 0      | 1/MO                  | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****   | *****                    | *****   | 15<br>DAILY MX | MG/L   |        | ONCE/<br>MONTH        | GRAB        |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | 0.05                | *****   | ( 03 ) | *****                    | *****   | *****          |        | 0      | 4/MO                  | RCORDR      |
| 50050 1 0 1<br>EFFLUENT GROSS VALUE         |   | REPORT<br>DAILY AV  | *****   | MGD    | *****                    | *****   | *****          | ****   |        | ONCE/<br>MONTH        | RCORDR      |
| See Note 2                                  |   |                     |         |        |                          |         |                |        |        |                       |             |
|   |   |                     |         |        |                          |         |                |        |        |                       |             |
|   |   |                     |         |        |                          |         |                |        |        |                       |             |
|   |   |                     |         |        |                          |         |                |        |        |                       |             |
|   |   |                     |         |        |                          |         |                |        |        |                       |             |
|   |   |                     |         |        |                          |         |                |        |        |                       |             |
|   |   |                     |         |        |                          |         |                |        |        |                       |             |
|   |   |                     |         |        |                          |         |                |        |        |                       |             |

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

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

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

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

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

**NY0005835**  
PERMIT NUMBER

**06B M**  
DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |      |    |     |    |
|-------------------|----|-----|------|----|-----|----|
| YEAR              | MO | DAY | YEAR | MO | DAY |    |
| 02                | 05 | 01  | TO   | 02 | 05  | 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    |        |                       |             |
| PH  |   | *****               | *****   |        | 8.1                      | *****   | 8.3     | ( 12 )   | 0      | 4/MO                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***    | REPORT MINIMUM           | *****   | 9.0     | SU       |        | ONCE/MONTH            | GRAB        |
| OIL & GREASE                                |   | *****               | *****   |        | *****                    | *****   | < 5     | ( 19 )   | 0      | 1/MO                  | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***    | *****                    | *****   | 15      | DAILY MX |        | ONCE/MONTH            | GRAB        |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | 0.4                 | *****   | ( 03 ) | *****                    | *****   | *****   |          | 0      | 4/MO                  | RCORDR      |
| 50050 1 0 1<br>EFFLUENT GROSS VALUE         |   | REPORT DAILY-AV     | *****   | MGD    | *****                    | *****   | *****   | ****     |        | ONCE/MONTH            | RCORDR      |
| See Note 2                                  |   |                     |         |        |                          |         |         |          |        |                       |             |
|   |   |                     |         |        |                          |         |         |          |        |                       |             |
|   |   |                     |         |        |                          |         |         |          |        |                       |             |
|   |   |                     |         |        |                          |         |         |          |        |                       |             |
|   |   |                     |         |        |                          |         |         |          |        |                       |             |
|   |   |                     |         |        |                          |         |         |          |        |                       |             |
|   |   |                     |         |        |                          |         |         |          |        |                       |             |
|   |   |                     |         |        |                          |         |         |          |        |                       |             |

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

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