

December 27, 2002

Mr. Scott Mallette  
Director, Operations Management Division  
U. S. Department of Energy  
Brookhaven Area Office  
Upton, NY 11973

Dear Mr. Mallette:

**Subject: NPDES - Discharge Monitoring Report (DMR) for November 2002**  
**Reference: Letter from Mallette to Cunniff**

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

During evaluation of the data reported by H2M Laboratories, inconsistencies were noted for the sewage treatment plant influent and effluent metals results. Extremely low concentrations were noted for the influent sample collected on November 7, 2002 while very high concentrations were noted for the effluent sample collected on November 12. BNL staff suspected that either the two samples were mixed-up at H2M or the data was misreported; consequently, the samples were shipped to Severn Trent Laboratories for reanalysis. The Severn Trent data confirmed that the results were reversed. The Severn Trent results are therefore reported on the DMR. Since Severn Trent did not have the time to analyze the samples for mercury, the H2M data for mercury is reported.



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Американского Общества



This is the first submittal of the computer generated DMR instead of the pre-printed one as per agreement with the NYSDEC. 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 December 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,

E. A. Zimmerman, CEP, REM, CEA, CESM  
Interim Division Manager

- EZ/MA:car
  - Attachment I: Computer generated Discharge Monitoring Report for November 2002.
  - Attachment II: Analytical Results from H2M Labs and Severn Trent Laboratories for samples collected on 11/7/02 and 11/12/02 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 | K. Brog       | w/o attachments |
|     | W. Chaloupka | w/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 | D. Van Duyne  | w/attachments   |
|     | M. Petersen  | w/o attachments | E. Zimmerman  | w/o attachments |

EC62ER.02



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



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National Standards Institute  
Recognized Accreditation Board

**Brookhaven National Laboratory**  
**SPDES Permit No. NY0005835**  
**Discharge Monitoring Report for November 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 removal for Total Suspended Solids was calculated using one-half the method detection limit as the value for all concentrations reported as less than the method detection limit (<MDL). An error occurred at the analytical laboratory during the analysis that resulted in a higher MDL than usual.



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National Standards Institute  
Registration Board

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

NAME USDOE  
 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)

MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT & STORMWTR RNOFF  
 \*\*\* No Discharge  \*\*\*\*

NY0005835 Permit Number  
 001 M Discharge Number

Monitoring Period  
 From To  
 YR MO DY YR MO DY  
 02 11 01 02 11 30

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER	*****	*****	*****	*****	61	(15)	0	01/01	GR
DEG. FAHRENHEIT	*****	*****	*****	*****	90	DEG.F		DAILY	GRAB
00011 1 0 0	*****	*****	*****	*****	< 2	(19)	0	02/30	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	10	MG/L		ONCE/MONTH	COMP24
BOD, 5-DAY	*****	*****	6.1	*****	6.6	(12)	0	01/01	GR
(20 DEG. C)	*****	*****	5.8	*****	9.0	SU		DAILY	GRAB
00310 1 0 0	*****	*****	*****	*****	< 6	(19)	0	02/30	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	10	MG/L		ONCE/MONTH	COMP24
PH	*****	*****	*****	*****	0.0	(25)	0	01/01	GR
00400 1 0 0	*****	*****	*****	*****	0.1	ML/L		DAILY	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	3.9	(19)	0	02/30	24
SOLIDS, TOTAL	*****	*****	*****	*****	10	MG/L		ONCE/MONTH	COMP24
SUSPENDED	*****	*****	*****	*****	< 0.1	(19)	0	02/30	24
00530 1 0 0	*****	*****	*****	*****	2	MG/L		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****
SOLIDS, SETTLEABLE	*****	*****	*****	*****	*****	*****	*****	*****	*****
00545 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****
NITROGEN, TOTAL	*****	*****	*****	*****	*****	*****	*****	*****	*****
(AS N)	*****	*****	*****	*****	*****	*****	*****	*****	*****
00600 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****
NITROGEN, AMMONIA	*****	*****	*****	*****	*****	*****	*****	*****	*****
TOTAL (AS N)	*****	*****	*****	*****	*****	*****	*****	*****	*****
00610 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****

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.

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

Telephone  
 631-344-3424

Signature of Principal Executive Officer or Authorized Agent  
 Date Signed

Typed or Printed

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 EXFILTR FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

U.S.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)

MAJOR (SUBR 01)  
 (SUBR 01)  
 F - FINAL  
 PROCESS SANIT & STORMWTR RNOFF  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	0	02/30	24
00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN)	*****	*****	*****	*****	0	02/30	GR
00720 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0	TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU)	*****	*****	*****	*****	0	02/30	24
01042 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
IRON, TOTAL (AS FE)	*****	*****	*****	*****	0	02/30	24
01045 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB)	*****	*****	*****	*****	0	02/30	24
01051 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI)	*****	*****	*****	*****	0	02/30	24
01067 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG)	*****	*****	*****	*****	0	02/30	24
01077 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						
Mr. Michael Holland Area Group Manager	Signature of Principal Executive Officer or Authorized Agent						
Typed or Printed	Telephone 631-344-3424						
Comments and Explanation of any violations (Reference all attachments here)	Date Signed						

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 CW VIA EXFLT FROM SEB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS



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 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)

MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT & STORMWTR RNOFF  
 \*\*\* No Discharge  \*\*\*\*

NY0005835 Permit Number  
 001 M Discharge Number  
 Monitoring Period  
 From To  
 YR MO DY YR MO DY  
 02 11 01 02 11 30

Note: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
ZINC, TOTAL (AS ZN)	*****	*****	*****	*****	0	02/30	24
01092 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****		ONCE/MONTH	COMP24
TOLUENE	*****	*****	*****	*****	0	02/30	GR
34010 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****		TWICE/MONTH	GRAB
METHYLENE CHLORIDE	*****	*****	*****	*****	0	02/30	GR
34423 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****		TWICE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	*****	*****	*****	*****	0	02/30	GR
34506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.31	0.44	(03)	*****	0	99/99	RC
50050 1 0 0 EFFLUENT GROSS VALUE	REPORT DAILY AV	2.3 DAILY MX	MGD	*****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	*****	*****	*****	*****	0	02/30	24
71900 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****		ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	0	02/30	GR
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****		ONCE/MONTH	GRAB

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

Telephone  
 631-344-3424

Signature of Principal Executive Officer or Authorized Agent  
 Date Signed

Typed or Printed

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 6400.5.

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXPLT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS





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 UPTON NY 11973  
 BROOKHAVEN NATIONAL LABORATORY  
 UPTON NY 11973  
 GEORGE MALOSH, GROUP MGR

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

MAJOR (SUBR 01)  
 F - FINAL  
 RF (1004) & BRAHMS (1002) BLOWDN  
 \*\*\* No Discharge  \*\*\*\*

Permit Number	002 B	Discharge Number	
Monitoring Period			
From	To		
YR MO DY	YR MO DY		
02 11 01	02 11 30		

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****	7.9	*****	7.9	(12)	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	REPORT MINIMUM	*****	9.0	SU		ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	< 5	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	15	MG/L	0	04/30	RC
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.0038	*****	*****	DAILY MX			ONCE/MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	*****	*****	*****	*****	0	ONCE/MONTH	RCORDR
See Note 2									
SAMPLE MEASUREMENT PERMIT REQUIREMENT									
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	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
Mr. Michael Holland Area Group Manager		631-344-3424
Comments and Explanation of any violations (Reference all attachments here)		Date Signed
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.		Signature of Principal Executive Officer or Authorized Agent

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

U.S.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)

MAJOR (SUBR 01)  
 NY0005835 002 M Discharge Number  
 Permit Number F - FINAL

Monitoring Period  
 From To  
 YR MO DY YR MO DY  
 02 11 01 02 11 30  
 \*\*\* No Discharge \*\*\*

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PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
PH	*****	*****	6.9	*****	7.6	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	< 5	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	15 DAILY-MX	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.47	*****	*****	*****	*****	0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	*****	*****	*****	0	ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							

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NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  
 Mr. Michael Holland  
 Area Group Manager  
 Telephone: 631-344-3424  
 Signature of Principal Executive Officer or Authorized Agent  
 Date Signed

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.

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

MAJOR (SUBBR 01) F - FINAL  
 Discharge Number 005 M  
 Permit Number NY0005835  
 Monitoring Period From To  
 YR MO DY YR MO DY  
 02 11 01 02 11 30  
 \*\*\* No Discharge

NLS COOLING TOWR BLDN ETC(HS) \*\*\*\*\*

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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			
PH	*****	*****		6.8	*****	7.8	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****		REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	*****	*****		*****	*****	< 5	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****		*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.21	*****	(03)	*****	*****	*****		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	MGD	*****	*****	*****			ONCE/MONTH	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									

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

Signature of Principal Executive Officer or Authorized Agent

Telephone  
 631-344-3424

Date Signed

Comments and Explanation of any violations (Reference all attachments here)  
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.  
 Typed or Printed











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

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

MAJOR (SUBR 01)  
 F - FINAL  
 LINAC NCCW, FLOOR DNS,ETC(HT1)  \*\*\*\*\*  
 \*\*\* No Discharge

Permit Number	NY0005835
Discharge Number	06A M
Monitoring Period	
From	To
YR MO DY YR MO DY	YR MO DY YR MO DY
02 11 01 02 11 30	

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			
PH	*****	*****		7.3	*****	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	*****	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.048	*****	(03)	*****	*****	0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	MGD	*****	*****	0	ONCE/MONTH	RCORDR
SAMPLE MEASUREMENT PERMIT REQUIREMENT								
SAMPLE MEASUREMENT PERMIT REQUIREMENT								
SAMPLE MEASUREMENT PERMIT REQUIREMENT								
SAMPLE MEASUREMENT PERMIT REQUIREMENT								
SAMPLE MEASUREMENT PERMIT REQUIREMENT								
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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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Mr. Michael Holland  
 Area Group Manager  
 Telephone 631-344-3424  
 Signature of Principal Executive Officer or Authorized Agent  
 Date Signed

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)

MAJOR  
 (SUBR 01)  
 F - FINAL

COOLING TOWR FROM 919 ETC(HT2)

\*\*\* No Discharge

\*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****	7.2	*****	7.5	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	< 5	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	15 DAILY/MX	MG/L	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.65	*****	*****	*****	*****	*****	0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	*****	*****	*****	*****	0	ONCE/MONTH	RECORD
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
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