

BROOKHAVEN
NATIONAL LABORATORY

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

www.bnl.gov

November 22, 2002

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

Dear Mr. Mallette:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for October 2002
REFERENCE: Letter from Mallette to Cunniff dated October 25, 2002

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

In addition to the pre-printed DMR, we are providing a duplicate computer generated DMR for review by the NYSDEC. This is the last submittal of duplicate DMRs for the NYSDEC review before transitioning to providing the computer generated DMR instead of the pre-printed one.

LEADER 02
#109669

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 November 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 October 2002.
- Attachment II: Analytical Results from H2M Labs for samples collected on 10/7/02 and 10/10/02 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002, 002B, 005, 006A, 006B, 008, and 010.
- Attachment IV: Computer generated Discharge Monitoring Report for October 2002.

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. Petersen	w/o attachments

EC62ER.02

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (Differnet))
 NAME U S D U E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 BROOKHAVEN AREA OFFICE
 UPTON
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON
 NY 11973
 NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 NY0005833
 PERMIT NUMBER
 0014
 DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY
 U2 U1 TO U2 U1 DAY
 FROM 02 10 01 10 31

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

*** 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			
TEMPERATURE, WATER	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/01	GR
DEG. FAHRENHEIT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
00011 1 0 0	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP
BOD, 5-DAY (20 DEG. C)	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/01	GR
00310 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	02/30	24
PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP
00400 1 0 0	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/01	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	02/30	24
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/01	GR
SOLIDS, SETTLEABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
00545 1 0 0	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP
NITROGEN, TOTAL (AS N)	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	01/01	GR
00600 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	02/30	24
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP
00610 1 0 0	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP

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 ensure 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
 Michael D. Holland
 Area Group Manager
 TYPED OR PRINTED

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCORPORATED INTO THE DISCHARGE PERMIT BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF SIP DISCHARGE CAN BE TO GW VIA EXFILTRATION FROM SFD.
 SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS
 EPA Form 3320-1 (Rev. 3/90) Previous editions may be used.

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

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

NY0005335
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM 02 10 01 TO 02 10 31
 YEAR MO DAY YEAR MO DAY

ATTN: GEORGE MALOSH, GROUP MGR

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

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

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMP TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****	*****	*****	*****	1.3	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MX	0	ONCE/MONTH	COM
CYANIDE, TOTAL (AS CN)	00720 1 0 0	*****	*****	*****	*****	*****	< 10	0	02/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	0	TWICE/MONTH	GRA
COPPER, TOTAL (AS CU)	01042 1 0 0	*****	*****	*****	*****	*****	0.049	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.15 DAILY MX	0	ONCE/MONTH	COM
IRON, TOTAL (AS FE)	01045 1 0 0	*****	*****	*****	*****	*****	0.19	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.37 DAILY MX	0	ONCE/MONTH	COM
LEAD, TOTAL (AS PB) See Note 1	01051 1 0 0	*****	*****	*****	*****	*****	0.0012	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.019 DAILY MX	0	ONCE/MONTH	COM
NICKEL, TOTAL (AS NI) Note 1	01067 1 0 0	*****	*****	*****	*****	*****	0.0039	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.11 DAILY MX	0	ONCE/MONTH	COM
SILVER, TOTAL (AS AG) Note 1	01077 1 0 0	*****	*****	*****	*****	*****	0.0024	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.015 DAILY MX	0	ONCE/MONTH	COM
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Michael D. Holland Area Group Manager			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE			DATE
TYPED OR PRINTED	Michael D. Holland Area Group Manager			631 344-3424			AREA CODE NUMBER			YEAR MO

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 ensure 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.

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCORPORATED IN THE PERMIT ORDER 5400.5. APPROX 15% OF SIP DISCHARGE CAN BE TO GH VIA EXFILTRATION FROM SFB. BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF SIP DISCHARGE CAN BE TO GH VIA EXFILTRATION FROM SFB. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON
NY 11973
NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY 0015835
PERMIT NUMBER

0014
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 02 10 01 TO 02 10 31

MAJOR (SUBR 01)
F - FINAL

PROCESS SANIT & STORMWTR RNOFF

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
ZINC, TOTAL (AS ZN)	MEASUREMENT	*****	*****	*****	*****	*****	(19)	0	02/30	24	
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX		ONCE/MONTH	COMP2	
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	MG/L	0	02/30	GR	
TOLUENE	MEASUREMENT	*****	*****	*****	*****	*****	< 1	0	02/30	GR	
34010 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX		TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	UG/L	0	02/30	GR	
METHYLENE CHLORIDE	MEASUREMENT	*****	*****	*****	*****	*****	< 1	0	02/30	GR	
34423 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX		TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	UG/L	0	02/30	GR	
1,1,1-TRICHLORO-ETHANE	MEASUREMENT	*****	*****	*****	*****	*****	< 1	0	02/30	GR	
34506 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY MX		TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	UG/L	0	02/30	GR	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	MEASUREMENT	*****	*****	*****	*****	*****	DAILY MX		TWICE/MONTH	GRAB	
50050 1 0 0	PERMIT REQUIREMENT	0.39	0.52	(03)	*****	*****	UG/L	0	99/99	RC	
EFFLUENT GROSS VALUE	MEASUREMENT	REPORT DAILY AV	REPORT DAILY HX	HGD	*****	*****	*****		CONTINUOUS	RC	
MERCURY, TOTAL (AS HG) See Note 1	MEASUREMENT	*****	*****	*****	*****	*****	0.0002	0	02/30	24	
71900 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.0008	0	ONCE/MONTH	COMP2	
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	DAILY MX		ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL	MEASUREMENT	*****	*****	*****	*****	*****	< 2	0	02/30	GR	
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200	0	ONCE/MONTH	GRAB	
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	DAILY AV		ONCE/MONTH	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	MICHAEL D. HOLLAND Area Group Manager			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE NUMBER			DATE	
				631 344-3424			631 344-3424				
				AREA CODE NUMBER			YEAR MO DAY				
				TYPED OR PRINTED			YEAR MO DAY				

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 ensure 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.

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

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

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

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

NY0005435 PERMIT NUMBER
001 M DISCHARGE NUMBER

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

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
02	10	01	02	10	31

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

PARAMETER	QUALITY OR CONCENTRATION	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLING TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
2-BUTANONE		*****	*****	*****	*****	*****	(28)	0	02/30	GR
78356 1 0 0		*****	*****	*****	*****	*****	DAILY MX UG/L		TWICE/MONTH	GRA
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****		01/30	CA
BOD, 5-DAY PERCENT REMOVAL		*****	*****	*****	> 96	*****	(23)	0	ONCE/MONTH	CA
81010 K 0 0		*****	*****	*****	NO AV MN	*****	PER-CENT		ONCE/MONTH	CA
SOLIDS, SUSPENDED PERCENT REMOVAL		*****	*****	*****	NO AV MN	*****	PER-CENT		ONCE/MONTH	CA
81011 K 0 0		*****	*****	*****	> 2188	*****	(23)	11-29-02	ONCE/MONTH	CA
PERCENT REMOVAL		*****	*****	*****	NO AV MN	*****	PER-CENT		ONCE/MONTH	CA
SEC Note A										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Michael D. Holland Area Group Manager	631 344-3424		
TYPED OR PRINTED	AREA CODE	NUMBER	YEAR
	631	344-3424	MO

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE I
BUT NOT LIMITED TO JSDE ORDER 5400.5... APPROX 15% OF SIP DISCHARGE CAN BE TO GH VIA EXFILT FROM SF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (Different))
 U S U E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 BROOKHAVEN AREA OFFICE
 UPTON
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON
 ALIN: GEORGE HALOSZ, GROUP MGR

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 02 10 01 TO 02 10 31

NY0005835
 PERMIT NUMBER

002 B
 DISCHARGE NUMBER

MAJOR (SUBR 01)
 F - FINAL
 RF(1004) & BRAHMS(1002) BLUMDN
 *** NO DISCHARGE
 NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH	*****	*****		7.7	*****		0	02/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	REPORT MINIMUM *****	*****	9.0 MAXIMUM		ONCE/MONTH	GRAB	
DIL & GREASE	*****	*****	***	*****	*****	<5	0	01/30	GR	
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	15 DAILY MX		ONCE/MONTH	GRAB	
FLOW IN CONDUIT OR THRU TREATMENT PLANT	*****	0.0039	(03)	*****	*****	*****	0	05/30	RC	
50050 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	HGD	*****	*****	*****	0	ONCE/MONTH	RCORR	
See Note 2										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Holland Area Group Manager TYPED OR PRINTED										
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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE 631 344-3424		DATE YEAR MO DA

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (Differently))

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

NY 0055-335 PERMIT NUMBER
005 M DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 02 10 01 TO 02 10 31

MAJOR (SUBR 01)
F - FINAL
NLS COOLING TWR BLDN ETC(HS)

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

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	*****	*****	*****	7.2	*****	8.0	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	8.5	0	ONCE/MONTH	GRAB
DIL & GREASE	*****	*****	*****	*****	*****	<5	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	15 DAILY MAX	0	ONCE/MONTH	GRAB
FLOW IN CONDUIT UR THRU TREATMENT PLANT	0.18	*****	(03)	*****	*****	*****	0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	MGU	*****	*****	*****	0	ONCE/MONTH	RCORC
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
Michael D. Holland
 Area Group Manager
 TYPED OR PRINTED

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

DATE
 YEAR MO DAY

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

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005635
PERMIT NUMBER

008-A
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM	02	10	TO	02	10
		01			31

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

*** 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			
FLOW RATE See Note 3		*****	17400	(07)	*****	*****	*****	0	01/30	IN
00056 1 0 0	PERMIT REQUIREMENT	*****	REPORT DAILY MX	*****	*****	*****	*****		ONCE/MONTH	INST
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****	GPD	7.1	7.1	(12)	0	01/30	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	8.5	MAXIMUM		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 5	(19)	0	01/30	GR
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX	MG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE 1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	(28)	0	01/30	GR
34501 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX	UG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE 1,1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 1	(28)	0	01/30	GR
34506 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX	UG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	DAILY MX	UG/L		ONCE/MONTH	GRAB
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ADDRESS U S U E
 BROOKHAVEN NATIONAL LABORATORY
 BROOKHAVEN AREA OFFICE
 UPTON NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 AIN: GEORGE MALOSH GROUP HGR

PERMIT NUMBER
 110 M
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 02 MO 10 DAY 01 TO YEAR 02 MO 10 DAY 31

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

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

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLUH RATE See Note 3	*****	205000	(07)	*****	*****	*****	0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE PH	*****	REPORT DAILY MAX *****	GPU	*****	*****	*****		ONCE/MONTH	INS
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	*****	*****	*****	7.3	*****	7.3	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM *****	*****	8.5 MAXIMUM	0	ONCE/MONTH	GRA
	*****	*****	*****	*****	*****	< 5	0	01/30	GR
	*****	*****	*****	*****	*****	15 DAILY MAX		ONCE/MONTH	GRA
	*****	*****	*****	*****	*****	*****			
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	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****			

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 6311 344-3424
 AREA CODE NUMBER

TELEPHONE DATE

YEAR MO

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 if Different)
 NAME U S U E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 BROOKHAVEN AREA OFFICE
 UPTON
 BROOKHAVEN NATIONAL LABORATORY
 UPTON
 NY 11973
 NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

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

NY 005835 PERMIT NUMBER
 06A H DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 FROM 02 10 01 TO 02 10 31

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

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

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	*****	*****		7.3	*****	7.7	0	05/30	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 MAX	0	ONCE/MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	0.05	*****	(03)	*****	*****	*****	0	05/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	MGD	*****	*****	*****	0	ONCE/MONTH	RCORR
SAMPLE MEASUREMENT									
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PERMIT REQUIREMENT									

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

631 344-3424
 AREA CODE NUMBER

YEAR MO DA

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

ATTACHMENT IV

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

COMPUTER GENERATED DISCHARGE MONITORING REPORT FOR OCTOBER 2002

FOR REVIEW BY THE NYSDEC

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
 PROCESS SANIT & STORMWTR RNOFF
 No Discharge *****

NY0005835	001 M	Discharge Number
Permit Number		
Monitoring Period		
From	To	
YR MO DY	YR MO DY	
02 10 01	02 10 31	

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	*****	*****	*****	*****	*****	(15)	0	01/01	GR
DEG. FAHRENHEIT	*****	*****	*****	*****	*****	DEG.F		DAILY	GRAB
00011 1 0 0	*****	*****	*****	*****	*****	< 2	0	02/30	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	MG/L		ONCE/MONTH	COMP24
BOD, 5-DAY	*****	*****	*****	*****	*****	(19)	0	01/01	GR
(20 DEG. C)	*****	*****	*****	*****	*****	6.1		DAILY	GRAB
00310 1 0 0	*****	*****	*****	*****	*****	< 4	0	02/30	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	MG/L		ONCE/MONTH	COMP24
PH	*****	*****	*****	*****	*****	6.1	0	01/01	GR
00400 1 0 0	*****	*****	*****	*****	*****	9.0		DAILY	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	MAXIMUM	0	02/30	24
SOLIDS, TOTAL	*****	*****	*****	*****	*****	< 4	0	02/30	24
SUSPENDED	*****	*****	*****	*****	*****	MG/L		ONCE/MONTH	COMP24
00530 1 0 0	*****	*****	*****	*****	*****	10	0	01/01	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY AV		DAILY	GRAB
SOLIDS, SETTLEABLE	*****	*****	*****	*****	*****	0.0	0	01/01	GR
00545 1 0 0	*****	*****	*****	*****	*****	0.0		DAILY	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	ML/L	0	02/30	24
NITROGEN, TOTAL	*****	*****	*****	*****	*****	5.0	0	02/30	24
(AS N)	*****	*****	*****	*****	*****	MG/L		ONCE/MONTH	COMP24
00600 1 0 0	*****	*****	*****	*****	*****	10	0	02/30	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX		ONCE/MONTH	COMP24
NITROGEN, AMMONIA	*****	*****	*****	*****	*****	< 0.1	0	02/30	24
TOTAL (AS N)	*****	*****	*****	*****	*****	MG/L		ONCE/MONTH	COMP24
00610 1 0 0	*****	*****	*****	*****	*****	2	0	02/30	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX		ONCE/MONTH	COMP24

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. Frank Crescenzo
 Acting Area Group Manager

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

Telephone
 831-344-3424

Signature of Principal Executive Officer or Authorized Agent
 Date Signed

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
 Discharge Number
 001 M (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	MAXIMUM				UNITS
PHOSPHORUS, TOTAL (AS P)	MEASUREMENT	*****	*****	*****	1.3	(19)	0	02/30	24
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MX	MG/L	0	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	< 10	(28)	0	02/30	GR
CYANIDE, TOTAL (AS CN)	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MX	UG/L	0	TWICE/MONTH	GRAB
00720 1 0 0	MEASUREMENT	*****	*****	*****	0.049	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0.15 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
COPPER, TOTAL (AS CU)	MEASUREMENT	*****	*****	*****	0.19	(19)	0	02/30	24
01042 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	0.37 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	0.0012	(19)	0	02/30	24
IRON, TOTAL (AS FE)	PERMIT REQUIREMENT	*****	*****	*****	0.019 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
01045 1 0 0	MEASUREMENT	*****	*****	*****	0.11 DAILY MX	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0.0024	(19)	0	ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB)	MEASUREMENT	*****	*****	*****	0.015 DAILY MX	MG/L	0	02/30	24
01051 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	0.0015 DAILY MX	(19)	0	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	0.0015	(19)	0	02/30	24
NICKEL, TOTAL (AS NI)	PERMIT REQUIREMENT	*****	*****	*****	0.0015 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
01067 1 0 0	MEASUREMENT	*****	*****	*****	0.0015	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0.0015	(19)	0	ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG)	MEASUREMENT	*****	*****	*****	0.0015	(19)	0	02/30	24
01077 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	0.0015	MG/L	0	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	0.0015	MG/L	0	ONCE/MONTH	COMP24

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. Frank Crescenzo
 Acting 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)
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 6400.5.
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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
 PROCESS SANIT & STORMWTR RNOFF
 *** No Discharge

NY0005835 Permit Number
 001 M Discharge Number

Monitoring Period
 From To
 YR MO DY YR MO DY
 02 10 01 02 10 31

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			
ZINC, TOTAL (AS ZN)	MEASUREMENT	*****	*****	*****	0.04	(19)	0	02/30	24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0.1 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
TOLUENE	MEASUREMENT	*****	*****	*****	< 1	(28)	0	02/30	GR
34010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MX	UG/L	0	TWICE/MONTH	GRAB
METHYLENE CHLORIDE	MEASUREMENT	*****	*****	*****	< 1	(28)	0	02/30	GR
34423 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5 DAILY MX	UG/L	0	TWICE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	MEASUREMENT	*****	*****	*****	< 1	(28)	0	02/30	GR
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6 DAILY MX	UG/L	0	TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	MEASUREMENT	0.39	0.52	(03)	*****	UG/L	0	99/99	RC
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG) See Note 1	MEASUREMENT	*****	*****	*****	0.0002	(19)	0	02/30	24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0.0108 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL	MEASUREMENT	*****	*****	*****	< 2	(13)	0	02/30	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	200 DAILY MX	#/ 100ML	0	ONCE/MONTH	GRAB

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. Frank Crescenzo
 Acting 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)

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 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

NY0005835 008 M Discharge Number (SUBR 01) F - FINAL

Monitoring Period From To
 YR MO DY YR MO DY
 02 10 01 02 10 31
 STORMWTR RUNOFF WAREHOUSE (HW) *** 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			
FLOW RATE	*****	17400	*****	*****	*****	0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	*****	*****	*****	0	ONCE/MONTH	INSTAN
PH	*****	*****	7.1	*****	7.1	0	01/30	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	01/30	GR
1,1-DICHLOROETHYLENE	*****	*****	*****	*****	*****	0	01/30	GR
34501 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	01/30	GR
1,1,1-TRICHLORO-ETHANE	*****	*****	*****	*****	*****	0	01/30	GR
34506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	01/30	GR

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. Frank Crescenzo
 Acting 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)
 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 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

Permit Number NY00058335
 Discharge Number 06B M (SUBR 01)
 F - FINAL

Monitoring Period From To
 YR MO DY YR MO DY
 02 10 01 02 10 31
 Note: Read Instructions before completing this form
 *** No Discharge ***

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	MEASUREMENT	*****	*****		7.0	*****	7.6	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT SAMPLE	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	0	01/30	GRAB
OIL & GREASE	MEASUREMENT	*****	*****	****	*****	*****	< 5	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT SAMPLE	*****	*****	****	*****	*****	15 DAILY MAX	0	05/30	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	MEASUREMENT	0.49	*****	(03)	*****	*****	MG/L	0	05/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT SAMPLE	*****	*****	MGD	*****	*****	*****	0	05/30	RC
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