

Environmental Services Division

BROOKHAVEN
NATIONAL LABORATORY

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

www.bnl.gov

October 24, 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 September 2002
REFERENCE: Letter from Scott Mallette to Cunniff dated September 27, 2002

Included as Attachment I, please find the DMR for the month of September 2002. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, III, and IV. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

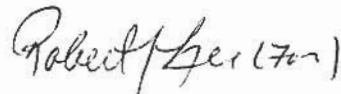
With the exception of one excursion for total lead analysis at Outfall 010, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please refer to item eight of the Discharge Monitoring Report Notes section for a description of this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

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 September 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 October 28, 2002.

October 24, 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. In addition to the pre-printed DMR, we are providing a duplicate computer generated DMR for review by the NYSDEC. Duplicate DMRs will be submitted to the NYSDEC for approval before transitioning to providing the computer generated DMR instead of the pre-printed one.

Sincerely,



Lori Cunniff, CEP
Division Manager

LEC/MA:cr

- Attachment I: Discharge Monitoring Report for September 2002.
- Attachment II: Analytical Results from H2M Labs for samples collected on 9/4/02, 9/6/02, 9/9/02, 9/23/02, 9/25/02, and 9/27/02 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001A, 001B, 001D, 002, 002B, 005, 006A, 006B, 008, and 010.
- Attachment IV: Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls 001F, 002, 002B, 005, 006A, and 006B.
- Attachment V: Computer generated Discharge Monitoring Report for September 2002.
- Attachment VI: Non-Compliance Report for March SPDES Permit Excursion at Outfall 010.

cc:	M. Allocco	w/attachments	M. Baldwin	w/attachments
	M. Bebon	w/o attachments	K. Brog	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
	D. Van Duyne	w/attachments	M. Petersen	w/o attachments

EC62ER.02

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for September 2002
Discharge Monitoring Report Notes:

1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
2. The associated matrix spike sample recovery was not within control limits.
3. The duplicate analysis for this sample was not within control limits.
4. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
5. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
6. Photographic rinse waters discharged from Building 197B, are generated by two individual photographic processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentrations and total average flow have been reported in the DMR.

Location	Flow	pH	Total Nitrogen	Cyanide	Silver	Phenolics
1-87	0.3 GPD	5.6 SU	286 mg/L	30.1 µg/L	22.4 µg/L	11.8 µg/L
1-93B	39.5 GPD	7.3 SU	0.9 mg/L	< 10 µg/L	6.2 ^(a) µg/L	< 5.0 µg/L
Total Flow	39.8 GPD					

(a) The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.

7. PCBs were not detected at a method detection limit of 0.065 ppb per congener. Total PCBs have been reported as less than the individual detection limit.
8. The total lead concentration at outfall 010 on January 11, 2002 was 0.099 mg/L, which exceeds the permit level of 0.05 mg/L. Soils at this outfall contain lead at concentrations of up to 50,000 mg/kg due to historical operations at the Central Steam Facility. The source and extent of contamination is being investigated and plans to remediate the area are being prepared.

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

10/10/02

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

NY0005835
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 02 MO 07 DAY 01 TO YEAR 02 MO 09 DAY 30

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

*** NO DISCHARGE 1 ***
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			
FLOW RATE	1186	*****	(07)	*****	*****	*****	0	03/90	RC
00056 I 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	GPD	*****	*****	*****	0	QTRLY	RCORDR
PH	*****	*****	*****	7.2	*****	(12)	0	01/90	GR
00400 I 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	REPORT MAXIMUM	SU	0	QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHthalate	*****	*****	*****	*****	*****	(28)	0	01/90	GR
39100 I 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	REPORT DAILY MAX	UG/L	0	QTRLY	GRAB
DI-N-BUTYL PHthalate	*****	*****	*****	*****	*****	(28)	0	01/90	GR
39110 I 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	REPORT DAILY MAX	UG/L	0	QTRLY	GRAB
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Mr. Michael D. Holland XXXXXXXXXXXXXXXXXX Area Group Manager									
TYPED OR PRINTED									
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							TELEPHONE		DATE
							631 344-3424		
							AREA CODE	NUMBER	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 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.

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

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

0013
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
FROM 02 07 01 TO 02 09 30

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

*** 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		455	*****	(07)	*****	*****	*****	0	01/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	*****	*****	*****	*****	0	QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	*****	*****	GPD	6.9	*****	(12)	0	01/90	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	REPORT MAXIMUM	0	QTRLY	GRAB
CHROMIUM, TOTAL See Not(AS CR) 2 & 3	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	161	0	01/90	GR
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MX	0	QTRLY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	408	0	01/90	GR
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MX	0	QTRLY	GRAB
IRON, TOTAL See Not(AS FE) 2 & 3	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3900	0	01/90	GR
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MX	0	QTRLY	GRAB
MANGANESE, TOTAL See Not(AS MN) 3	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	37.4	0	01/90	GR
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MX	0	QTRLY	GRAB
NICKEL, TOTAL See Not(AS NI) 2 & 3	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77.1	0	01/90	GR
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MX	0	QTRLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Mr. Michael D. Holland Area Group Manager			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE			DATE
TYPED OR PRINTED							631 344-3424			AREA CODE NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS										

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.

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

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

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

NY0005835 PERMIT NUMBER
001 B DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 02 07 01 TO 02 09 30

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

*** NO DISCHARGE 1-1 ***
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			
ZINC, TOTAL (AS ZN)	*****	*****	*****	*****	*****	(28)	0	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	UG/L	0	QTRLY	GRAB
1,2-DICHLOROETHANE	*****	*****	*****	*****	*****	(28)	0	01/90	GR
32103 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	UG/L	0	QTRLY	GRAB
CHLOROFORM	*****	*****	*****	*****	*****	(28)	0	01/90	GR
32106 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	UG/L	0	QTRLY	GRAB
1,1,1-TRICHLOROETHANE	*****	*****	*****	*****	*****	(28)	0	01/90	GR
34506 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	UG/L	0	QTRLY	GRAB
BROMODICHLOROMETHANE	*****	*****	*****	*****	*****	(28)	0	01/90	GR
EFFLUENT	*****	*****	*****	*****	*****	UG/L	0	QTRLY	GRAB
38693 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	(28)	0	01/90	GR
BIS (2-ETHYLHEXYL) PHTHALATE	*****	*****	*****	*****	*****	UG/L	0	QTRLY	GRAB
39100 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	(28)	0	01/90	GR
DI-N-BUTYL PHTHALATE	*****	*****	*****	*****	*****	UG/L	0	QTRLY	GRAB
39110 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	(28)	0	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	UG/L	0	QTRLY	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. Michael D. Holland
Area Group Manager
TYPED OR PRINTED

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NY0005835
PERMIT NUMBER

001 8
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
02	07	01	TO	02	09
					30

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

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TETRACHLOROETHYLENE		*****	*****	*****	*****	*****	< 1	0	01/90	GR
85814 1 0 0		*****	*****	*****	*****	*****	REPORT DAILY MX UG/L	0	QTRLY	GRAB
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****				
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME U S D O E

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 D DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
02 07 01 TO 02 09 30

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

*** 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			
FLOW RATE See Note 6		39.8	*****	(07)	*****	*****	*****	0	03/90	RC
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****	*****	0	QTRLY	RCORDR
PH See Note 6	SAMPLE MEASUREMENT	*****	*****		5.6	*****	7.3	0	02/90	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	REPORT MAXIMUM	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	0	01/90	GR
NITROGEN, TOTAL See Note (AS N) 6	PERMIT REQUIREMENT	*****	*****	***	*****	*****	286	0	QTRLY	GRAB
00600 1 0 0	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	0	01/90	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	30.1	0	QTRLY	GRAB
CYANIDE, TOTAL See Note (AS CN) 6	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	0	01/90	GR
00720 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	0	01/90	GR
SILVER, TOTAL See Note (AS AG) 6	PERMIT REQUIREMENT	*****	*****	***	*****	*****	22.4	0	QTRLY	GRAB
01077 1 0 0	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	0	01/90	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	QTRLY	GRAB
PHENOLICS, TOTAL RECOVERABLE See Note 6	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	11.8	0	01/90	GR
32730 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	0	01/90	GR
	PERMIT REQUIREMENT									

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 D. Holland
Area Group Manager
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
631 344-3424 AREA CODE NUMBER
TELEPHONE DATE
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING
~~SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~
EPA Form 3320-1 (Rev. 3/89) Previous editions may be used.

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

CLEAR/TYPE NAME/ADDRESS (Include Facility Name/Location (if Different)
U S D O E

MAJOR (SUBR 01)
F - FINAL

NY0005835
PERMIT NUMBER

BOILER BLOWDN FROM 24494059 ETC

DISCHARGE NUMBER
001 E

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
02 07 01 TO 02 09 30

NY 11973
FROM

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON
ATTN: GEORGE MALOSH, GROUP MGR

*** 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				
FLOW RATE	17	*****	*****	*****	*****	(07)	0	09/90	RC	
00056 I 0 1 EFFLUENT GROSS VALUE PH	REPORT DAILY AV	*****	*****	*****	*****	GPD	0	DIRLY	RCORDR	
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	9.5	*****	10.0	(12)	0	09/90	GR	
	*****	*****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		DIRLY	GRAB	

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

631-344-3424

AREA CODE NUMBER

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

01265 / d2691rd-199 8gm. PAGE 9F

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

NY0005835
PERMIT NUMBER

001 F
DISCHARGE NUMBER

ADDRESS: BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
BUPTON NY 11973
BROOKHAVEN NATIONAL LABORATORY
BUPTON NY 11973
SITE: GEORGE HALOSKY GROUP HGR

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

*** 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			
FLOW RATE	11176	*****	(07)	*****	*****	*****	0	03/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE PH	REPORT DAILY AV	*****	GPD	*****	*****	*****	0	QUARTLY	RECORDING
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	8.3 REPORT MINIMUM	*****	8.3 REPORT MAXIMUM	0	01/90	GRAB
PROPYLENE GLYCOL	*****	*****	*****	*****	*****	< 500 REPORT DAILY MAX	0	QUARTLY	GRAB
NOBUTYL ETHER	*****	*****	*****	*****	*****	UG/L	0	01/90	GRAB
49875 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		0	QUARTLY	GRAB
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

TELEPHONE

DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA NUMBER 1344-3424

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SVS
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

PERMIT NUMBER: 146965835
DISCHARGE NUMBER: 001-H

MONITORING PERIOD
YEAR: 02 MO: 09 DAY: 01 TO YEAR: 02 MO: 09 DAY: 30

FROM: NY 11973
TO: NY 11973

MSBR 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	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM				
TEMPERATURE, WATER	*****	*****	*****	*****	*****	*****	*****	*****	0	01/01	GR	
DEG. FAHRENHEIT	*****	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB	
00011 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	0	06/30	24	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24	
BOD, 5-DAY	*****	*****	*****	*****	*****	*****	*****	*****	0	01/01	GR	
(20 DEG. C)	*****	*****	*****	*****	*****	*****	*****	*****	0	06/30	24	
00310 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	01/01	GR	
PH	*****	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB	
00400 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	0	06/30	24	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24	
SOLIDS, TOTAL	*****	*****	*****	*****	*****	*****	*****	*****	0	01/01	GR	
SUSPENDED	*****	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB	
00530 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	0	06/30	24	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24	
SOLIDS, SETTLEABLE	*****	*****	*****	*****	*****	*****	*****	*****	0	01/01	GR	
00545 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	06/30	24	
NITROGEN, TOTAL	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24	
(AS N)	*****	*****	*****	*****	*****	*****	*****	*****	0	01/01	GR	
00600 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	06/30	24	
NITROGEN, AMMONIA	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24	
TOTAL (AS N)	*****	*****	*****	*****	*****	*****	*****	*****	0	01/01	GR	
00610 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	06/30	24	
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 D. Holland Area Group Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE				DATE			
TYPED OR PRINTED	631 344-3424				631 344-3424				YEAR MO DAY			
	AREA CODE NUMBER				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 SIP DISCHARGE CAN BE TO GW VIA EXFILTR FROM SFC'S.

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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

01267/d2697d-109 fgm. PAGE 9

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

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

NY0005835
PERMIT NUMBER

001 M
DISCHARGE NUMBER

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

NY 11973
NY 11973

MONITORING PERIOD			
YEAR	MO	DAY	
02	09	01	
TO	YEAR	MO	DAY
	02	09	30

*** 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			
PHOSPHORUS, TOTAL (AS P)	00655 1 0 0	*****	*****	*****	*****	*****	(19)	0	06/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	00720 1 0 0	*****	*****	*****	*****	*****	< 10	0	06/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	100 DAILY MX UG/L		TWICE/ MONTH	GRAB
COPPER, TOTAL (AS CU)	01042 1 0 0	*****	*****	*****	*****	*****	0.055	0	06/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.15 DAILY MX MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	01045 1 0 0	*****	*****	*****	*****	*****	0.19	0	06/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.37 DAILY MX MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL See Note 1 (AS PB)	01051 1 0 0	*****	*****	*****	*****	*****	0.0009	0	06/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.019 DAILY MX MG/L		ONCE/ MONTH	COMP24
NICKEL, TOTAL See Note 1 (AS NI)	01067 1 0 0	*****	*****	*****	*****	*****	0.0061	0	06/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.11 DAILY MX MG/L		ONCE/ MONTH	COMP24
SILVER, TOTAL See Note 1 (AS AG)	01077 1 0 0	*****	*****	*****	*****	*****	0.0035	0	06/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.015 DAILY MX MG/L		ONCE/ MONTH	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE			DATE		
Mr. Michael D. Holland Area Group Manager					631 844-3424					
TYPED OR PRINTED		AREA CODE NUMBER			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 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.

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 SIP DISCHARGE CAN BE TO GW VIA EXFILTR FROM SFB'S.

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

PERMIT NUMBER
NY0005835

DISCHARGE NUMBER
001 M

MONITORING PERIOD
FROM 02 09 01 TO 02 09 30
YEAR MO DAY YEAR MO DAY

MAJOR (SUBP 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	UNITS	MINIMUM	AVERAGE			
ZINC, TOTAL (AS ZN)	*****	*****	*****	*****	*****	0	06/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
TOLUENE	*****	*****	*****	*****	*****	0	06/30	GR
34010 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	TWICE/MONTH	GR/GRAB
METHYLENE CHLORIDE	*****	*****	*****	*****	*****	0	06/30	GR
34423 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	TWICE/MONTH	GR/GRAB
1,1,1-TRICHLOROETHANE	*****	*****	*****	*****	*****	0	06/30	GR
34506 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	TWICE/MONTH	GR/GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.48	0.60	(03)	*****	*****	0	99/99	RC
50050 EFFLUENT GROSS VALUE	REPORT DAILY AV	2.3 DAILY MX	MGD	*****	*****	0	CONTINUOUS	RECORD
MERCURY, TOTAL (AS HG)	*****	*****	*****	*****	*****	0	06/30	24
71900 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	*****	0	06/30	GR
74055 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Mr. Michael D. Holland Area Group Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE
TYPED OR PRINTED	631 344-3424		631 344-3424			YEAR MO DAY		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 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.

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
 01269/d2019-1-19-19m. PAGE 9

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

NY0005835
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 02 MO 09 DAY 01 TO YEAR 02 MO 09 DAY 30

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

BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
OPTON
NY 11973

BROOKHAVEN NATIONAL LABORATORY
OPTON
NY 11973

GEORGE MALOSH, GROUP MGR

*** 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			
Z-BUTADIENE	*****	*****	*****	*****	*****	*****	0	06/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
BODY 5-DAY PERCENT REMOVAL	*****	*****	*****	> 94	*****	*****	0	01/30	CA
BIOLOGICAL SOLIDS PERCENT REMOVAL	*****	*****	*****	NO AV MM	*****	*****	0	ONCE/MONTH	CALCULATED
SOLIDS SUSPENDED PERCENT REMOVAL	*****	*****	*****	> 90	*****	*****	0	01/30	CA
BIOLOGICAL PERCENT REMOVAL	*****	*****	*****	NO AV MM	*****	*****	0	ONCE/MONTH	CALCULATED
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

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, accurate, complete, 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 D. Holland
Area Group Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

631 344-3424
AREA CODE NUMBER

TELEPHONE

DATE

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 VIOLATIONS 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 SIP DISCHARGE CAN BE TO GW VIA EXFILY FROM SFB'S
 SEE PERMIT FOR ADDITIONAL NOTES-COMMENTS-AND-REQUIREMENTS

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

NYC005035 PERMIT NUMBER
002 B DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 02 MO 09 DAY 01 TO YEAR 02 MO 09 DAY 30

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON
BROOKHAVEN NATIONAL LABORATORY
UPTON
OFFICE GEORGE MALOSH, GROUP MGR

NY 11973
NY 11973

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

*** 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	*****	*****	*****	7.9	*****	(12)	0	04/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	*****	< 5	0	01/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	15 DAILY MAX	0	ONCE/MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	*****	0.003	(03)	*****	*****	*****	0	04/30	RC
EFFLUENT GROSS VALUE	*****	REPORT DAILY MAX	MGD	*****	*****	*****	0	ONCE/MONTH	RCORD
See Note 4									

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
Michael D. Holland
Area Group Manager
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
631 344-3424
TELEPHONE
DATE

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 GO TO NEW BASIN.

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

NY0005835
PERMIT NUMBER

002 H
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 02 09 01 TO 02 09 30

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON
NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON
NY 11973

ATTN: GEORGE MALUSH, GROUP MGR

MAJOR (SUBR 01)
F - FINAL

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

*** 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	*****	7.9	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 MAX	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.0068	*****	***** (03)	*****	*****	*****	0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	MGD	*****	*****	*****	0	ONCE/MONTH	RECORD
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

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 D. Holland
Area Group Manager
TYPED OR PRINTED

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

TELEPHONE
DATE
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.

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

NY0005335
PERMIT NUMBER

002 9
DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	TO
02	07	01	02
YEAR	MO	DAY	TO
09	09	30	

MAJOR (SUBR 01)
F - FINAL
AGS NON-C COOLG_yPRECP ETC(HH)

*** 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			
ALUMINUM TOTAL See Note 9	*****	*****	*****	*****	*****	0.051	0	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY HX		QTRLY	GRAB
CHLOROFORM See Note 9	*****	*****	*****	*****	*****	<0.5	0	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY HX		QTRLY	GRAB
1,1,1-TRICHLOROETHANE See Note 9	*****	*****	*****	*****	*****	<0.5	0	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY HX		QTRLY	GRAB
BROMODICHLOROMETHANE See Note 9	*****	*****	*****	*****	*****	<0.5	0	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY HX		QTRLY	GRAB
1-HYDROXY-ETHYLENE See Note 9	*****	*****	*****	*****	*****	<0.05	0	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY HX		QTRLY	GRAB
TOLYTRIAZOLE	*****	*****	*****	*****	*****	<0.005	0	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY HX		QTRLY	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<0.005	0	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY HX		QTRLY	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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

631 344-3424
AREA CODE NUMBER

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

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

PERMIT NUMBER: NY0005835

MAJOR (SUBR 01)
F - FINAL

DISCHARGE NUMBER: 002 R

RF(1004) & BRAHHS(1002) BLOWDN

ADDRESS: BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 02 07 01 TO 02 09 30

*** 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			
1-HYDROXY-ETHYLIDENE MEASUREMENT	*****	*****	*****	*****	*****	(19)	0	01/90	GR
85812 1 0 0 EFFLUENT GROSS VALUE TOLYTRIAZOLE	*****	*****	*****	*****	*****	DAILY HX MG/L	0	QIRLY	GRAB
85813 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<0.005 DAILY HX MG/L	0	01/90	GR
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									

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 D. Holland
Area Group Manager
TYPED OR PRINTED

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

TELEPHONE
DATE
YEAR MO DAY

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

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

HAJAJOR
(SUBR 01)
F - FINAL
NLS COOLING TWR BLDG ETC(HS)
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

NY0005835
PERMIT NUMBER
005 H
DISCHARGE NUMBER

MONITORING PERIOD
FROM 02 09 01 TO 02 09 30
YEAR MO DAY YEAR MO DAY

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
OPT01
NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
OPT01
NY 11973
OFFICE GEORGE MALOSH₂ GROUP MGR

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	***	***		7.5	***	(12)	0	04/30	GR
EFFLUENT GROSS VALUE	***	***	***	REPORT MINIMUM	***	8.5	0	ONCE/MONTH	GRAB
OIL & GREASE	***	***	***	***	***	< 5	0	01/30	GR
EFFLUENT GROSS VALUE	***	***	***	***	***	15	0	ONCE/MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	0.047	***	(03)	***	***	DAILY MAX	0	04/30	RC
EFFLUENT GROSS VALUE	REPORT DAILY AV	***	MGD	***	***	***	0	ONCE/MONTH	RCORD
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
Dr. Michael D. Holland
Area Group Manager
TYPED OR PRINTED

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

DATE

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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

NY0005835 PERMIT NUMBER
007 H DISCHARGE NUMBER

MONITORING PERIOD
FROM 02 09 01 TO 02 09 30
YEAR MO DAY YEAR MO DAY

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE UPTON NY 11973

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSHY GROUP MGR

HAJORITY (SUBR 01)
F - FINAL
WATER TREATMENT PLT BRUSH (HX)

*** 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			
FLOW RATE	*****	360000	(07)		*****	*****	*****	*****	0	15/30	IN
EFFLUENT GROSS VALUE	*****	REPORT DAILY HX	GPD		*****	*****	*****	*****		ONCE / MONTH	INSTANT
PH	*****	*****	*****		7.5	7.5	(12)	*****	0	01/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****		REPORT MINIMUM	MAXIMUM	SU	*****		ONCE / MONTH	GRAB
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
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SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										DATE
Mr. Michael D. Holland Area Group Manager	631 344-3424 AREA NUMBER										YEAR MO DAY
TYPED OR PRINTED											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

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

PERMIT NUMBER: NY0005835
DISCHARGE NUMBER: 008 H

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

ADDRESS: BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY: BROOKHAVEN NATIONAL LABORATORY
LOCATION: UPTON NY 11973
ATTN: GEORGE HALOSH, GROUP MGR

MONITORING PERIOD			
YEAR	MO	DAY	TO
02	09	01	30
YEAR	MO	DAY	DAY
02	09	09	30

*** NO DISCHARGE 1-1 ***
NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	PERMIT REQUIREMENT	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 5	*****	2884	(07)	*****	*****	*****	*****	*****	0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE PH	*****	REPORT DAILY MX *****	GPD	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	*****	*****	*****	*****	7.9	7.9	(12)	*****	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE 1,1-DICHLOROETHYLENE	*****	*****	*****	*****	REPORT MINIMUM *****	MAXIMUM	SU	*****	0	ONCE/MONTH	GRAB
34501 1 0 0 EFFLUENT GROSS VALUE 1,1,1-TRICHLORO-ETHANE	*****	*****	*****	*****	*****	15 DAILY MX	MG/L	*****	0	ONCE/MONTH	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<1 DAILY MX	UG/L	*****	0	ONCE/MONTH	GR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<1 DAILY MX	UG/L	*****	0	ONCE/MONTH	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	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. Michael D. Holland
Area Group Manager
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
631 844-3424
AREA CODE NUMBER

TELEPHONE

DATE

YEAR MO DAY

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

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

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

HAJOR
(SUBR 01)
F - FINAL
SU RUNOFF FROM WAREHOUSE AREA

NY0205835
PERMIT NUMBER

008 0
DISCHARGE NUMBER

NY 11973
NY 11973

*** 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			
ALUMINUM TOTAL (AS AL)	*****	*****	*****	*****	*****	(19)	0	01/90	GR
J1105 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY HX HG/L		QTRLY	GRAB
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

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 D. Holland
Area Group Manager
TYPED OR PRINTED

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

TELEPHONE

DATE

YEAR MO DAY

YEAR MO DAY

YEAR MO DAY

YEAR MO DAY

YEAR MO DAY

YEAR MO DAY

YEAR MO DAY

YEAR MO DAY

YEAR MO DAY

YEAR MO DAY

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

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

NY0005835 PERMIT NUMBER

010 Q DISCHARGE NUMBER

HAJJOR (SUBR 01)
F - FRIAL
SW RUNOFF FROM CENTRAL STH (H)

MONITORING PERIOD
FROM 02 07 01 TO 02 09 30

NY 11973
BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE

NY 11973
BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE

NY 11973
BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE

NY 11973
BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE

NY 11973
BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE

NY 11973
BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE

NY 11973
BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE

*** 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			
COPPER, TOTAL (AS CU)	*****	*****	*****	*****	*****	0.035	0	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY HX		DIRLY	GRAB
LEAD, TOTAL (AS PB) See Note 8	*****	*****	*****	*****	*****	0.099	1	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY HX		DIRLY	GRAB
VANADIUM, TOTAL (AS V) See Note (AS V) 1	*****	*****	*****	*****	*****	0.041	0	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	REPORT DAILY HX		DIRLY	GRAB
ALUMINUM, TOTAL (AS AL)	*****	*****	*****	*****	*****	1.5	0	01/90	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY HX		DIRLY	GRAB
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

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

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424

DATE
YEAR MO DAY
01 09 30

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DM/R)
 NY0005335 PERMIT NUMBER
 06A M DISCHARGE NUMBER

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

*** NU 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	*****	*****	*****	7.6	*****	(12)	0	04/30	GR
00400 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	9.0	0	ONCE/MONTH	GRAB
00556 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	< 5	0	01/30	GR
FLOW IN CONDUIT OR THRU TREATMENT PLANT	0.077	*****	***** (03)	*****	*****	DAILY MAX *****	0	ONCE/MONTH	GRAB
50050 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	MGD	*****	*****	*****	0	04/30	RC
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
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PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Mr. 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 MONTH DAY

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

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

MAJOR
(SUBR 01)
F - FINAL

LINAC NCCM, FLOOR DNS, SU(111)

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

NY0005835
PERMIT NUMBER

DISCHARGE NUMBER		06A 0	
MONITORING PERIOD			
YEAR	MO	DAY	TO
02	07	01	30

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
1-HYDROXY-ETHYLIDENE		*****	*****	*****	*****	*****	< 0.05	0	01/90	GR
05012 EFFLUENT GROSS VALUE POLYTRIAZOLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.05 DAILY HK MG/L	0	QUIRLY	GRAB
05013 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.005 DAILY HK MG/L	0	01/90	GR
	SAMPLE MEASUREMENT								QUIRLY	GRAB
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE			
Mr. Michael D. Holland Area Group Manager					631 344-3424					
TYPED OR PRINTED		AREA CODE		NUMBER		YEAR		MO		DAY
		631		344-3424						

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, 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)
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENT AND REQUIREMENTS

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

PERMIT NUMBER: NY0005835
DISCHARGE NUMBER: 069 H

HAJORA (SUBR 01)
F - FINAL
COOLING TOWER FROM 919 EIC(HI2)

MONITORING PERIOD
FROM 02 09 01 TO 02 09 30

NY 11973
NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE

NY 11973
NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE

ATTN: GEORGE MALOSH, GROUP MGR

*** 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	MINIMUM			
PH	*****	*****	*****	7.5	*****	8.0	(12)	*****	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	9.0	SU	*****	0	ONCE/MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	< 5		*****	0	01/30	GR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.44	*****	(03)	*****	*****	DAILY HX	MG/L	*****	0	ONCE/MONTH	GRAB
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	MGD	*****	*****	*****	*****	*****	0	04/30	RC
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

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

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

TELEPHONE
DATE

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

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

PLANT/STREET NAME/ADDRESS (Facility Name/Location of Disposal)
NAME 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

MAJOR (SUBR 01)
F - FINAL
COOLG TOURS FROM 919 ETC (HI2)

NY0005835 PERMIT NUMBER
06B 0 DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
02 07 01 TO 02 09 30

*** 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	MINIMUM			
1-HYDROXY-ETHYLIDENE SAMPLE MEASUREMENT	*****	*****		*****	*****		*****	0.29	0	01/90	GR
05812 EFFLUENT GROSS VALUE PERMIT REQUIREMENT	*****	*****	***	*****	*****	***	*****	0.5 DAILY MX		DIRLY	GRAB
05813 EFFLUENT GROSS VALUE SAMPLE MEASUREMENT	*****	*****	***	*****	*****	***	*****	< 0.005	0	01/90	GR
PERMIT REQUIREMENT	*****	*****	***	*****	*****	***	*****	0.2 DAILY MX		DIRLY	GRAB
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael D. Holland Area Group Manager TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS										SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 631 344-3424 AREA CODE NUMBER	
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	

ATTACHMENT VI
BROOKHAVEN NATIONAL LABORATORY
SPDES PERMIT NO. NY0005835
DISCHARGE MONITORING REPORT FOR SEPTEMBER 2002
NON-COMPLIANCE REPORT

New York State Department of Environmental Conservation
Division of Water



Report of Noncompliance Event

To: DEC Water Contact R. Sorrentino DEC Region: 1

Report Type: 5 Day Permit Violation Order Violation Anticipated Noncompliance Bypass/Overflow

SECTION 2

SPDES #: NY-0005835 Facility: U.S. Department of Energy/Brookhaven National Laboratory

Date of noncompliance: 8 / 20 / 02 Location (Outfall) Treatment Unit, or Pump Station): 010

Description of noncompliance(s) and cause(s): The total lead concentration at outfall 010 was 0.099 mg/L, which exceeds the permit level of 0.05 mg/L. Due to historical soil contamination up to 50,000 mg/kg, at this outfall the elevated concentrations are thought to be from suspended sediment during rain events. Filtered and unfiltered samples will be collected until remediation is completed. Filtered samples meet the SPDES limit.

Has event ceased? (Yes) (No) If so, when? _____ Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

Start date, time of event: 8 / 20 / 02, 8 : 50 (AM) (PM) End date, time of event: / /, : (AM) (PM)

Date, time oral notification made to DEC? / /, : (AM) (PM) DEC Official contacted: _____

Immediate corrective actions: The Laboratory is installing a geotextile and rock ballast over contaminated soils in order to prevent resuspension.

Preventive (long term) corrective actions: The Laboratory is currently investigating the source and extent of contamination and plans to remediate the area are nearing completion.

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ Was prior DEC authorization received for this event? (Yes) (No)

DEC Official contacted: _____ Date of DEC approval: / /

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: _____ Title: _____ Date: / /

Phone #: () - - Fax #: () - -