

BROOKHAVEN
NATIONAL LABORATORY

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

March 24, 2003

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 February 2003

Included as Attachment I, please find the DMR for the month of February 2003. 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. The total zinc concentration for the compliance sample collected on February 6, 2003 is being reported at the SPDES permit limit of 0.1 mg/L. Upon investigation drying and wasting of sludge from the aerobic digester and primary clarifier and subsequent decant reintroduction combined with low flow was found to be the most probable source of the elevated zinc concentrations. The zinc concentrations in the aerobic digester ranged from 19 to 47 mg/L whereas the decant from the sludge drying beds had a zinc concentration of 1.6 mg/L. Trending of STP flow data showed a correlation between elevated zinc concentrations at Outfall 001 and decreased flow through the STP. BNL is reviewing all operations at the STP regarding sludge production, handling, and waste and how to best manage sludge with elevated metal concentrations in relation to low flow conditions experienced during the winter months of operation. Initial management steps include adjustment of pH to allow for the formation of insoluble zinc compounds which would reduced the dissolved or bioavailability concentration of zinc in the effluent to Outfall 001.

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



REGISTERED TO
ISO 14001: 1996



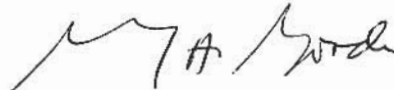
NSF's Registration Program
is accredited by the American
National Standards Institute
Registry Accreditation Board

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 February 2003.

Although it is no longer necessary for BNL to include copies of the laboratory analysis when submitting the DMR, we are including them in the package submitted to you for record-keeping purposes. You do not have to forward the analytical reports to the NYSDEC-Region 1 or SCDHS when submitting the DMR.

Please sign each page of the computer generated DMR where indicated and transmit it to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than March 28, 2003. 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,



George A. Goode
Environmental & Waste Management Services
Division Manager

GAG/MA:car

- Attachment I: Discharge Monitoring Report for February 2003.
- Attachment II: Analytical Results from H2M Labs for samples collected on 2/3/03 and 2/6/03 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002, 002B, 005, 006A, 006B, 008, and 010.

cc:	M. Allocco	w/attachments	M. Baldwin	w/attachments
	M. Bebon	w/o attachments	K. Brog	w/o attachments
	W. Chaloupka	w/attachments	S. Dierker	w/o attachments
	G. Goode	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
	B. Style	w/o attachments	D. Van Duyne	w/attachments

EC62ER.03

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for February 2003
Discharge Monitoring Report Notes:

1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
2. The reported average flows were calculated based on the height of water and type and size of the flume due to the repair and calibration of the flow monitoring equipment at the station.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR FEBRUARY 2003

FOR OUTFALLS NO. 001 – 010

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

Permit Number NY0005835
 Discharge Number 001 M

Monitoring Period From To
 YR MO DY YR MO DY
 03 02 01 03 02 28

*** No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER	*****	*****	*****	*****	45	0	01/01	GR
DEG. FAHRENHEIT	*****	*****	*****	*****	90		DAILY	GRAB
00011 1 0 0	*****	*****	*****	*****	DAILY MX			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 2	0	02/30	24
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	< 2		ONCE/MONTH	COMP24
00310 1 0 0	*****	*****	*****	*****	10	0	01/01	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY AV			
PH	*****	*****	*****	*****	6.1	0	01/01	GR
00400 1 0 0	*****	*****	*****	*****	6.5		DAILY	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	9.0	0	02/30	24
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	MAXIMUM		ONCE/MONTH	COMP24
00630 1 0 0	*****	*****	*****	*****	< 4	0	01/01	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	10	0	02/30	24
SOLIDS, SETTLEABLE	*****	*****	*****	*****	DAILY AV			
00545 1 0 0	*****	*****	*****	*****	0.0	0	01/01	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.1		DAILY	GRAB
NITROGEN, TOTAL (AS N)	*****	*****	*****	*****	DAILY MX			
00600 1 0 0	*****	*****	*****	*****	10	0	02/30	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	10		ONCE/MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	DAILY MX			
00610 1 0 0	*****	*****	*****	*****	0.8	0	02/30	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	2		ONCE/MONTH	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Mr. Michael Holland Area Group Manager	Signature of Principal Executive Officer or Authorized Agent							
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 5400.5.

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location, if Different)
 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		
03 02 01 03 02 28		

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
PHOSPHORUS, TOTAL (AS P)	*****	*****	****	*****	*****	1.7	(19)	0	02/30	24
00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN)	*****	*****	****	*****	*****	< 10	(28)	0	02/30	GR
00720 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	100 DAILY MX	UG/L	0	TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU)	*****	*****	****	*****	*****	0.055	(19)	0	02/30	24
01042 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24
IRON, TOTAL (AS FE)	*****	*****	****	*****	*****	0.30	(19)	0	02/30	24
01045 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB)	*****	*****	****	*****	*****	0.0036	(19)	0	02/30	24
01051 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI)	*****	*****	****	*****	*****	0.0053	(19)	0	02/30	24
01067 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG)	*****	*****	****	*****	*****	0.0016	(19)	0	02/30	24
01077 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	0.015 DAILY MX	MG/L		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. Michael Holland
 Area Group Manager

Signature of Principal Executive Officer or Authorized Agent

Telephone
 631-344-3424

Date Signed

Comments and Explanation of any violations (Reference all attachments here)
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.
 APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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

MAJOR
(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	
03 02 01	03 02 28	

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	02/30	24
01092 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
TOLUENE	*****	*****		*****	*****	0	02/30	GR
34010 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	TWICE/MONTH	GRAB
METHYLENE CHLORIDE	*****	*****		*****	*****	0	02/30	GR
34423 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	TWICE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	*****	*****		*****	*****	0	02/30	GR
34506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.34	0.54	(03)	*****	*****	0	99/99	RC
50050 1 0 0 EFFLUENT GROSS VALUE	REPORT	2.3	MGD	*****	*****	0	CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	*****	*****		*****	*****	0	02/30	24
71900 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL	*****	*****		*****	*****	0	02/30	GR
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB

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

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

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 ****

Permit Number NY0005835
 Discharge Number 001 M

Monitoring Period From To
 YR MO DY YR MO DY
 03 02 01 03 02 28

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****	*****	< 5	(28)	0	02/30	GR
78356 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	50 DAILY MX	UG/L	0	TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	> 95	*****	(23)	0	01/30	CA
BOD, 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	85 MO AV MIN	*****	PERCENT	0	ONCE/MONTH	CALCTD
81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	> 94	*****	(23)	0	01/30	CA
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	85 MO AV MIN	*****	PERCENT	0	ONCE/MONTH	CALCTD
81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	PERCENT	0	ONCE/MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	PERCENT	0	ONCE/MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	PERCENT	0	ONCE/MONTH	CALCTD

Note: Read Instructions before completing this form

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

Signature of Principal Executive Officer or Authorized Agent

Telephone
 631-344-3424

Date Signed

Comments and Explanation of any violations (Reference all attachments here)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILTR FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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
 RF (1004) & BRAHMS (1002) BLOWDN
 *** No Discharge ***

NY0005835 Permit Number 002 B Discharge Number

Monitoring Period	
From	To
YR MO DY YR MO DY	MO DY
03 02 01 03 02 28	

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	SAMPLE MEASUREMENT	*****	*****	(07)	6.8	*****	7.7	0	04/30	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	GPD	REPORT MINIMUM	*****	9.0	0	ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	0	01/30	GR
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15 DAILY MX	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.0038	(03)	*****	*****	*****	0	04/30	RC
50050 1 0 0 See Note 2	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	0	ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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	Telephone
Mr. Michael Holland Area Group Manager	631-344-3424
Typed or Printed	Date Signed
	Signature of Principal Executive Officer or Authorized Agent

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.

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

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

NY0005835 002 M Discharge Number
 Permit Number

Monitoring Period
 From To
 YR MO DY YR MO DY
 03 02 01 03 02 28

*** No Discharge ***

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

Note: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MINIMUM	MAXIMUM			
PH	MEASUREMENT	*****	7.1	*****	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT MINIMUM	*****	0	ONCE/MONTH	GRAB
OIL & GREASE	MEASUREMENT	*****	*****	*****	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	MEASUREMENT	0.63	*****	*****	0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	*****	0	ONCE/MONTH	RCORDR
	MEASUREMENT						
	PERMIT REQUIREMENT						
	MEASUREMENT						
	PERMIT REQUIREMENT						
	MEASUREMENT						
	PERMIT REQUIREMENT						
	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 Holland
 Area Group Manager

Signature of Principal Executive Officer or Authorized Agent

Telephone
 631-344-3424

Date Signed

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location, if Different)
 NAME U S 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
 NY0005835 Discharge Number
 005 M
 Permit Number
 Monitoring Period
 From To
 YR MO DY YR MO DY
 03 02 01 03 02 28
 *** No Discharge ***

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

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 UNITS	AVERAGE MAXIMUM UNITS	MINIMUM UNITS	UNITS			
PH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	7.3	*****	7.6	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.28	(03)	*****	*****		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	REPORT DAILY AV	MGD	*****	*****	*****		ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								

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

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

Signature of Principal Executive Officer or Authorized Agent

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

Telephone
 631-344-3424

Date Signed

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

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

MAJOR

Permit Number **NY0005835**
 Discharge Number **007 M**
 (SUBR 01)
 F - FINAL

Monitoring Period
 From To
 YR MO DY YR MO DY
 03 02 01 03 02 28
 WASTEWATER TREATMENT PLT BKWHS (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			
FLOW RATE	*****	320000	(07)	*****	*****	*****	0	103/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	GPD	*****	*****	*****	0	ONCE/MONTH	INSTAN
PH	*****	*****		7.3	*****	(12)	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****		REPORT MINIMUM	*****	SU	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 Holland Area Group Manager		Telephone 631-344-3424		Signature of Principal Executive Officer or Authorized Agent		Date Signed	
		Typed or Printed							

Comments and Explanation of any violations (Reference all attachments here)
 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 AND REQUIREMENTS.

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

NAME U S D O E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 BROOKHAVEN AREA OFFICE NY 11973
 UPTON
 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
 STORMWTR RUNOFF WAREHOUSE (HW) *****
 *** No Discharge

NY0005835	008 M	Discharge Number
Permit Number		
Monitoring Period		
From	To	
YR MO DY YR MO DY		
03 02 01 03 02 28		

PARAMETER	MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM				UNITS
		UNITS	UNITS	UNITS	UNITS	UNITS				UNITS
FLOW RATE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	29900	(07)	*****	*****	0	01/30	IN	
00056 1 0 0	EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	GPD	*****	*****	0	ONCE/MONTH	INSTAN	
PH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****		7.5	7.5	0	01/30	GR	
00400 1 0 0	EFFLUENT GROSS VALUE	*****	*****		REPORT MINIMUM	8.5	0	ONCE/MONTH	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****		*****	< 5.0	0	01/30	GR	
00556 1 0 0	EFFLUENT GROSS VALUE	*****	*****		*****	15 DAILY MX	0	ONCE/MONTH	GRAB	
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****		*****	< 1	0	01/30	GR	
34501 1 0 0	EFFLUENT GROSS VALUE	*****	*****		*****	5 DAILY MX	0	ONCE/MONTH	GRAB	
1,1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****		*****	< 1	0	01/30	GR	
34506 1 0 0	EFFLUENT GROSS VALUE	*****	*****		*****	5 DAILY MX	0	ONCE/MONTH	GRAB	
	SAMPLE MEASUREMENT PERMIT REQUIREMENT					UG/L				
	SAMPLE MEASUREMENT PERMIT REQUIREMENT					UG/L				
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Mr. Michael Holland Area Group Manager		
Typed or Printed	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 NY 11973
 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
 LINAC NCCW, FLOOR DNS, ETC(HT1) ****
 *** No Discharge

NY0005835 Permit Number
 06A M Discharge Number
 Monitoring Period
 From To
 YR MO DY YR MO DY
 03 02 01 03 02 28

Note: Read instructions before completing this form

PARAMETER	X	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE				MAXIMUM	UNITS
PH		*****	*****		7.3	*****	8.0	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.038	*****	(03)	*****	*****	*****	****	0	04/30	RC
50050 1 0 1 See Note 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-3424
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	Date Signed

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

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

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

Permit Number NY0005835	Discharge Number 06B M	MAJOR (SUBR 01) F - FINAL
Monitoring Period From To YR MO DY YR MO DY 03 02 01 03 02 28		COOLING TOWR FROM 919 ETC(HT2) <input type="checkbox"/> ***** *** 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	MINIMUM	AVERAGE			
PH	MEASUREMENT	*****	*****	7.2	*****	0	04/30	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	REPORT MINIMUM	*****	0	ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	01/30	GR
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.04	*****	*****	*****	0	04/30	RC
50050 1 0 1 See Note 2	PERMIT REQUIREMENT	REPORT DAILY AV	*****	*****	*****	0	ONCE/MONTH	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****			

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

Signature of Principal Executive Officer or Authorized Agent

Telephone
 631-344-3424

Date Signed

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