

**BROOKHAVEN**  
NATIONAL LABORATORY

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

August 19, 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 July 2003**

Included as Attachment I, please find the DMR for the month of July 2003. Chemical analyses for the reported parameters are conducted by NYS Department of Health certified laboratories. As of June 1, 2003, General Engineering Laboratories (GEL) will be performing most of the analyses on all SPDES samples. The BNL Analytical Services Laboratory will be performing metals and volatile organic compound analyses whereas H2M Labs, Inc. will be performing the BOD<sub>5</sub>, Nitrogen series, and fecal coliform analyses. 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 and Waste Management Services Division, Field Sampling Team:

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations. 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 and Waste Management Services Division or the Plant Engineering Division. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of July 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.



REGISTERED TO  
ISO 14001: 1996

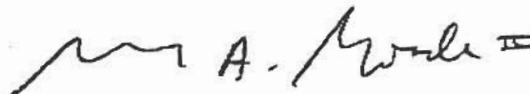


NSF's Registration Program  
is accredited by the American  
National Standards Institute  
Registrar Accreditation Board

August 19, 2003

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 August 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 July 2003.
- Attachment II: Analytical Results from H2M Labs Inc., the BNL Analytical Services Laboratory, and GEL LLC for samples collected on 7/7/03 and 7/10/03 from Outfall 001.
- Attachment III: Analytical Results from the BNL Analytical Services Laboratory and GEL LLC for samples collected from Outfalls 002, 002B, 005, 006A, 008, and 010.

cc:	M. Allocco	w/attachments	M. Baldwin	w/attachments
	M. Bebon	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
	J. Tarpinian	w/o attachments	D. Van Duyne	w/attachments

EC62ER.03

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

1. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
2. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
3. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
4. There was no discharge from Outfall 006B during this reporting period.

**ATTACHMENT I**  
**BROOKHAVEN NATIONAL LABORATORY**  
**SPDES PERMIT NO. NY0005835**  
**DISCHARGE MONITORING REPORT FOR JULY 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

NY0005835 001 M (SUBR 01)  
 Permit Number Discharge Number  
 F - FINAL

Monitoring Period  
 From To  
 YR MO DY YR MO DY  
 03 07 01 03 07 31

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			
TEMPERATURE, WATER	*****	*****		*****	79	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	*****	*****	*****	*****	< 2		ONCE/MONTH	COMP24
(20 DEG. C)	*****	*****	*****	*****	10			
00310 1 0 0	*****	*****	*****	*****	DAILY AV			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX	0	01/01	GR
PH	*****	*****	*****	*****	6.5		DAILY	GRAB
00400 1 0 0	*****	*****	*****	*****	9.0		02/30	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	MAXIMUM		ONCE/MONTH	COMP24
SOLIDS, TOTAL	*****	*****	*****	*****	0.5	0	01/01	GR
SUSPENDED	*****	*****	*****	*****	0.8		DAILY	GRAB
See Note 3	*****	*****	*****	*****	10		02/30	24
00530 1 0 0	*****	*****	*****	*****	DAILY AV		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX	0	01/01	GR
SOLIDS, SETTLEABLE	*****	*****	*****	*****	0.0		DAILY	GRAB
00545 1 0 0	*****	*****	*****	*****	0.1		02/30	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX		ONCE/MONTH	COMP24
NITROGEN, TOTAL	*****	*****	*****	*****	4.9	0	01/01	GR
(AS N)	*****	*****	*****	*****	10		DAILY	GRAB
00600 1 0 0	*****	*****	*****	*****	DAILY MX		02/30	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 0.10	0	ONCE/MONTH	COMP24
NITROGEN, AMMONIA	*****	*****	*****	*****	2		02/30	24
TOTAL (AS N)	*****	*****	*****	*****	DAILY MX		ONCE/MONTH	COMP24
00610 1 0 0	*****	*****	*****	*****	2	0	02/30	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX		ONCE/MONTH	COMP24

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Mr. 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 EXFIL 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	001 M	Discharge Number	
Monitoring Period			
From	YR MO DY	To	YR MO DY
03	07 01 03	07	31

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			
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	0	02/30	24
00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.77	0	ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN)	*****	*****	*****	*****	< 1.72	0	02/30	GR
00720 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	100	0	TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU)	*****	*****	*****	*****	0.028	0	02/30	24
01042 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.15	0	ONCE/MONTH	COMP24
IRON, TOTAL (AS FE)	*****	*****	*****	*****	0.12	0	02/30	24
01045 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.37	0	ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB)	*****	*****	*****	*****	0.0019	0	02/30	24
01051 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.019	0	ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI)	*****	*****	*****	*****	0.0024	0	02/30	24
01067 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.11	0	ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG)	*****	*****	*****	*****	0.0014	0	02/30	24
01077 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.015	0	ONCE/MONTH	COMP24

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

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

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

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



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

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

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

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

Permit Number	001 M	Discharge Number	
Monitoring Period			
From	To		
YR MO DY	YR MO DY		
03 10 01	07 03 31		

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
ZINC, TOTAL (AS ZN)	*****	*****	*****	*****	0.03	0	02/30	24
01092 1 0 0	*****	*****	*****	*****	0.1 DAILY MX		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 2	0	02/30	GR
TOLUENE	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
34010 1 0 0	*****	*****	*****	*****	< 2	0	02/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
METHYLENE CHLORIDE	*****	*****	*****	*****	< 2	0	02/30	GR
34423 1 0 0	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 2	0	02/30	GR
1,1,1-TRICHLORO-ETHANE	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
34506 1 0 0	*****	*****	*****	*****	< 2	0	02/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.53	0.77	*****	*****	*****	0	99/99	RC
50050 1 0 0	REPORT	2.3	*****	*****	*****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	DAILY AV	DAILY MX	*****	*****	*****	0	02/30	24
MERCURY, TOTAL (AS HG)	*****	*****	*****	*****	0.0001	0	02/30	COMP24
71900 1 0 0	*****	*****	*****	*****	0.0008 DAILY MX		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 2	0	02/30	GR
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	200 DAILY AV		ONCE/MONTH	GRAB
74055 1 0 0	*****	*****	*****	*****	400 DAILY MX		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 2	0	02/30	GR

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

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

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

**MAJOR**  
**(SUBR 01)**  
**F - FINAL**

NY0005835 Permit Number 001 M Discharge Number  
 Monitoring Period From To  
 YR MO DY YR MO DY  
 03 07 01 03 07 31  
 PROCESS SANIT & STORMWTR RNOFF  
 \*\*\* No Discharge  \*\*\*\*

Note: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	MAXIMUM			
	UNITS	UNITS	UNITS	UNITS			
2-BUTANONE	*****	*****	*****	< 2	0	02/30	GR
78356 1 0 0	*****	*****	*****	50		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE REMOVAL	*****	*****	> 93	DAILY MX			
BOD, 5-DAY PERCENT REMOVAL	*****	*****	85	*****	0	01/30	CA
81010 K 0 0	*****	*****	MO AV MN	*****		ONCE/MONTH	CALCTD
PERCENTREMOVAL	*****	*****	> 99	*****	0	01/30	CA
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	85	*****		ONCE/MONTH	CALCTD
81011 K 0 0	*****	*****	MO AV MN	*****			
PERCENT REMOVAL	*****	*****		*****			
MEASUREMENT							
PERMIT REQUIREMENT							
MEASUREMENT							
PERMIT REQUIREMENT							
MEASUREMENT							
PERMIT REQUIREMENT							
MEASUREMENT							
PERMIT REQUIREMENT							
MEASUREMENT							
PERMIT REQUIREMENT							
MEASUREMENT							
PERMIT REQUIREMENT							
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

Signature of Principal Executive Officer or Authorized Agent  
 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 EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS



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

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

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

Permit Number NY0005835  
 Discharge Number 002 B (SUBR 01)  
 F - FINAL  
 Monitoring Period RF (1004) & BRAHMS (1002) BLOWDN  
 From To  
 YR MO DY YR MO DY  
 03 07 01 03 07 31  
 \*\*\* No Discharge

Note: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****	8.1	*****	8.1	(12)	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE See Note 3	*****	*****	*****	*****	2.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.016	*****	*****	*****		0	05/30	RC
50050 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	*****	*****	*****		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  
 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)  
 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.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME U S D O E  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 BROOKHAVEN AREA OFFICE 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  
 AGS NON-C COOLING, PRCP, ETC (HN)  \*\*\*\*\*  
 \*\*\* No Discharge

NY0005835 002 M Discharge Number  
 Permit Number  
 Monitoring Period  
 From To  
 YR MO DY YR MO DY  
 03 07 01 03 07 31

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE				MAXIMUM	UNITS
PH	*****	*****		7.0	*****	7.7	(12)	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	REPORT MINIMUM	*****	9.0	SU	0	ONCE/MONTH	GRAB
OIL & GREASE See Note 3	*****	*****	****	*****	*****	2.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	15	DAILY MX	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	6.2	*****	(03)	*****	*****	*****	MG/L	0	05/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	MGD	*****	*****	*****	*****	0	ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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.

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)

Permit Number  
 NY0005835  
 Discharge Number  
 005 M  
 MAJOR (SUBR 01)  
 F - FINAL  
 Monitoring Period  
 NLSL COOLING TOWR BLDN ETC(HS)   
 \*\*\* No Discharge \*\*\*\*\*  
 YR MO DY YR MO DY  
 03 07 01 03 07 31

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE				MAXIMUM	UNITS	
PH	*****	*****		7.5	*****	8.4	(12)		0	05/30	GR
00400 1 0 0	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****		*****	*****	2.1	(19)		0	01/30	GR
00556 1 0 0	*****	*****	****	*****	*****	15 DAILY MX	MG/L		0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	*****			0	05/30	RC
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	1.7	*****	(03)	*****	*****	*****			0	ONCE/MONTH	RCORDR
50050 1 0 1	REPORT DAILY AV	*****	MGD	*****	*****	*****	****			ONCE/MONTH	
EFFLUENT GROSS VALUE											

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

Name/Title: Mr. Michael Holland, Area Group Manager  
 Telephone: 631-344-3424

Signature of Principal Executive Officer or Authorized Agent  
 Date Signed

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

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

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

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

MAJOR

NY0005835 007 M (SUBR 01)  
 Permit Number Discharge Number F - FINAL  
 Monitoring Period WATER TREATMENT PLT BKWSH (HX)  
 From To \*\*\* No Discharge  
 YR MO DY YR MO DY  
 03 | 07 | 01 | 03 | 07 | 31

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	18/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	GPD	*****	*****	*****	0	ONCE/MONTH	INSTAN
PH	*****	*****		7.4	7.4	(12)	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	REPORT MINIMUM	9.0	SU		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

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 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  
 STORMWTR RUNOFF WAREHOUSE (HW) \*\*\*\*\*  
 \*\*\* No Discharge

NY0005835 008 M Discharge Number  
 Monitoring Period  
 From To  
 YR MO DY YR MO DY  
 03 07 01 03 07 31

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			
FLOW RATE	*****	20300	(07)	*****	*****	0	01/30	IN
See Note 2	*****	REPORT		*****	*****			
00056 1 0 0	*****	DAILY MX	GPD	*****	*****		ONCE/MONTH	INSTAN
EFFLUENT GROSS VALUE	*****	*****		7.2	7.2	0	01/30	GR
PH	*****	*****		REPORT	8.5		ONCE/MONTH	GRAB
00400 1 0 0	*****	*****		MINIMUM	3.6	0	01/30	GR
EFFLUENT GROSS VALUE	*****	*****		*****	15		ONCE/MONTH	GRAB
OIL & GREASE	*****	*****		*****	DAILY MX	0	01/30	GR
See Note 3	*****	*****		*****	< 2		ONCE/MONTH	GRAB
00556 1 0 0	*****	*****		*****	5		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	*****	*****		*****	< 2	0	01/30	GR
1,1-DICHLOROETHYLENE	*****	*****		*****	DAILY MX		ONCE/MONTH	GRAB
34501 1 0 0	*****	*****		*****	5		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	*****	*****		*****	< 2	0	01/30	GR
1,1,1-TRICHLORO-ETHANE	*****	*****		*****	DAILY MX		ONCE/MONTH	GRAB
34506 1 0 0	*****	*****		*****	5		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	*****	*****		*****	DAILY MX		ONCE/MONTH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Mr. Michael Holland Area Group Manager	Signature of Principal Executive Officer or Authorized Agent							
Typed or Printed	Telephone 631-344-3424							
Comments and Explanation of any violations (Reference all attachments here)	Date Signed							

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

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

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

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

MAJOR (SUBR 01)  
 F - FINAL  
 STORMWTR R O CENTRAL STEAM (H)  
 \*\*\* No Discharge  \*\*\*\*

Permit Number	NY0005835	010 M	Discharge Number	
Monitoring Period	From	To		
	YR   MO   DY   YR   MO   DY			
	03   07   01   03   07   31			

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	*****	13500	(07)	*****	*****	*****	0	01/30	IN
See Note 2	*****	REPORT	GPD	*****	*****	*****	0	ONCE/MONTH	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	*****	DAILY MX		*****	*****	(12)	0	01/30	GR
PH	*****	*****		6.3	6.3		0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	8.5	SU	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	3.4	(19)	0	01/30	GR
See Note 3	*****	*****	*****	*****	DAILY MX	MG/L	0	ONCE/MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	15		0	ONCE/MONTH	GRAB
	*****	*****	*****	*****	*****		0	ONCE/MONTH	GRAB
	*****	*****	*****	*****	*****		0	ONCE/MONTH	GRAB
	*****	*****	*****	*****	*****		0	ONCE/MONTH	GRAB
	*****	*****	*****	*****	*****		0	ONCE/MONTH	GRAB
	*****	*****	*****	*****	*****		0	ONCE/MONTH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								
Mr. Michael Holland Area Group Manager									
Typed or Printed									
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.									
									Signature of Principal Executive Officer or Authorized Agent
									Date Signed
									Telephone 631-344-3424



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

NY0005835 06A M (SUBR 01)  
 Permit Number Discharge Number F - FINAL

Monitoring Period  
 From To  
 YR MO DY YR MO DY  
 03 07 01 03 07 31  
 \*\*\* No Discharge \*\*\*

LINAC NCCW, FLOOR DNS, ETC (HT1)

Note: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM UNITS	MINIMUM	AVERAGE MAXIMUM UNITS			
PH	*****	*****	7.3	*****	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	REPORT MINIMUM	*****		ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.026	(03)	*****	*****	0	05/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	MGD	*****	*****		ONCE/MONTH	RCORDR
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							Date Signed
Telephone 631-344-3424							
Comments and Explanation of any violations (Reference all attachments here) SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.							

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

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

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

MAJOR (SUBR 01)  
 F - FINAL  
 NY0005835 Permit Number  
 06B M Discharge Number

Monitoring Period  
 From To  
 YR MO DY YR MO DY  
 03 10 01 03 07 31  
 COOLING TOWER FROM 919 ETC(HT2)  
 \*\*\* 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			
PH		*****	*****		*****				GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	(19)			GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	(03)	*****				RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	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

Telephone  
 631-344-3424

Date Signed

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