

BROOKHAVEN
NATIONAL LABORATORY

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

November 20, 2003

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

Dear Mr. Mallette:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for October 2003

Included as Attachment I, please find the DMR for the month of October 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 volatile organic compound analyses whereas H2M Labs, Inc. will be performing the BOD₅, 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.

The analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental and Waste Management Services Division and Plant Engineering Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of October 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-



REGISTERED TO
ISO 14001: 1996

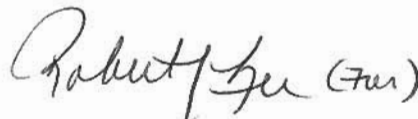


NSF's Registration Program
is accredited by the American
National Standards Institute
Registrar Accreditation Board

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 November 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 October 2003.

Attachment II: Analytical Results from H2M Labs Inc., the BNL Analytical Services Laboratory, and GEL LLC for samples collected on 10/9/03 and 10/13/03 from Outfall 001.

Attachment V: Analytical Results from H2M Labs Inc., the BNL Analytical Services Laboratory, GEL LLC, and STL, Inc. 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	W. Chaloupka	w/ attachments
	S. Dierker	w/o attachments	G. Goode	w/o Attachments
	G. Granzen	w/o attachments	C. Johnson	w/o attachments
	R. Lee	w/ attachments	K. Klaus	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 October 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. 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. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
4. Brookhaven National Laboratory collected two samples for total suspended solids (TSS) analysis at Outfall 001 and the influent to the Sewage Treatment Plant. However, the analytical laboratory erred and analyzed the October 13, 2003 samples for total dissolved solids (TDS) instead of TSS. Therefore only the results from October 9, 2003 are reported in the DMR.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR OCTOBER 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
 *** No Discharge ***

NY0005835	001 M	Discharge Number
Permit Number		
Monitoring Period		
From	To	
YR MO DY YR MO DY		
03 10 01 03 10 31		

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
TEMPERATURE, WATER DEG. FAHRENHEIT	00011 1 0 0	*****	*****	*****	*****	0	01/01	GR
EFFLUENT GROSS VALUE		*****	*****	*****	*****		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	00310 1 0 0	*****	*****	*****	*****	0	02/30	24
EFFLUENT GROSS VALUE		*****	*****	*****	*****		ONCE/MONTH	COMP24
PH		*****	*****	6.1	*****	0	01/01	GR
00400 1 0 0		*****	*****	5.8	*****		DAILY	GRAB
EFFLUENT GROSS VALUE		*****	*****	*****	*****	0	01/30	24
SOLIDS, TOTAL SUSPENDED	See Note 4	*****	*****	*****	*****		ONCE/MONTH	COMP24
00530 1 0 0		*****	*****	*****	*****	0	01/01	GR
EFFLUENT GROSS VALUE		*****	*****	*****	*****		DAILY	GRAB
SOLIDS, SETTLEABLE		*****	*****	*****	*****	0	01/01	GR
00545 1 0 0		*****	*****	*****	*****		DAILY	GRAB
EFFLUENT GROSS VALUE		*****	*****	*****	*****	0	02/30	24
NITROGEN, TOTAL (AS N)		*****	*****	*****	*****		ONCE/MONTH	COMP24
00600 1 0 0		*****	*****	*****	*****	0	02/30	24
EFFLUENT GROSS VALUE		*****	*****	*****	*****		ONCE/MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	*****	*****	0	02/30	24
00610 1 0 0		*****	*****	*****	*****		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE		*****	*****	*****	*****	2	ONCE/MONTH	COMP24

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

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 EXFLT 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

Monitoring Period
 From To
 YR MO DY YR MO DY
 03 10 01 03 10 31

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	0	02/30	24
00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.86	0	02/30	24
CYANIDE, TOTAL (AS CN)	*****	*****	*****	*****	*****	0	02/30	GR
00720 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	100	0	TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU)	*****	*****	*****	*****	0.036	0	02/30	24
01042 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.15	0	02/30	COMP24
IRON, TOTAL (AS FE)	*****	*****	*****	*****	0.11	0	02/30	24
01045 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.37	0	02/30	COMP24
LEAD, TOTAL (AS PB)	*****	*****	*****	*****	< 0.0021	0	02/30	24
01051 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.019	0	02/30	COMP24
NICKEL, TOTAL (AS NI)	*****	*****	*****	*****	0.0051	0	02/30	24
01067 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.11	0	02/30	COMP24
SILVER, TOTAL (AS AG)	*****	*****	*****	*****	0.0027	0	02/30	24
01077 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	0.015	0	02/30	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 Office 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

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

Monitoring Period

YR	MO	DY	YR	MO	DY
03	10	01	03	10	31

PROCESS SANIT & STORMWTR RNOFF

*** No Discharge ***

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			
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.05	0	02/30	24
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.1 DAILY MX		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	0	02/30	GR
TOLUENE	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
34010 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	0	02/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	0	02/30	GR
34423 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	0	02/30	GR
1,1,1-TRICHLORO-ETHANE	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
34506 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	0	02/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.35	0.51	(03)	*****	*****	0	99/99	RC
50050 1 0 0	PERMIT REQUIREMENT	REPORT	2.3	DAILY MX	*****	*****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00008	0	02/30	24
MERCURY, TOTAL (AS HG)	PERMIT REQUIREMENT	*****	*****	*****	*****	0.00008		ONCE/MONTH	COMP24
71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2	0	02/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200 DAILY AV		ONCE/MONTH	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	400 DAILY MX		ONCE/MONTH	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		ONCE/MONTH	GRAB

Telephone
631-344-3424

Signature of Principal Executive Officer or Authorized Agent
Date Signed

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.

Typed or Printed

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

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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

NY0005835 Permit Number
 002 M Discharge Number
 (SUBR 01)
 F - FINAL
 AGS NON-C COOLNG,PRCP,ETC (HN)
 *** No Discharge ***
 *** No Discharge ***

Monitoring Period
 From To
 YR MO DY YR MO DY
 03 10 01 03 10 31

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE				MAXIMUM	UNITS
PH	*****	*****		6.7	*****	7.8	(12)	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	*****	9.4	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	15 DAILY MX	MG/L	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.16	*****	(03)	*****	*****	*****		0	05/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	MGD	*****	*****	*****		0	ONCE/MONTH	RCORDR
	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 Office 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
 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 005 M Discharge Number
 Permit Number

Monitoring Period
 From To
 YR MO DY YR MO DY
 03 10 01 03 10 31
 NLSL COOLING TOWR BLDN ETC(HS) ****
 *** No Discharge

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE				MAXIMUM	UNITS
PH	*****	*****		7.4	*****	8.3	(12)	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****		*****	*****	3.6	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	15 DAILY MX	MG/L	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	4.6	*****	(03)	*****	*****	*****		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									
	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 Office 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.

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

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

MAJOR

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

Monitoring Period
 From To
 YR MO DY YR MO DY
 03 10 01 03 10 31

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

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			
FLOW RATE	*****	1300	(07)	*****	*****	0	01/30	IN
See Note 2	*****	REPORT	*****	*****	*****	0	ONCE/MONTH	INSTAN
00056 1 0 0	*****	DAILY MX	GPD	*****	*****	0	01/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****	7.9	7.9	0	ONCE/MONTH	GRAB
PH	*****	*****	*****	REPORT	8.5	0	ONCE/MONTH	GRAB
00400 1 0 0	*****	*****	*****	MINIMUM	*****	0	01/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 5	0	ONCE/MONTH	GR
OIL & GREASE	*****	*****	*****	*****	15	0	ONCE/MONTH	GRAB
00556 1 0 0	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 5	0	ONCE/MONTH	GR
1,1-DICHLOROETHYLENE	*****	*****	*****	*****	< 5	0	ONCE/MONTH	GR
34501 1 0 0	*****	*****	*****	*****	5	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	*****	*****	*****	*****	< 5	0	ONCE/MONTH	GR
34506 1 0 0	*****	*****	*****	*****	5	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX	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 Office Manager

Signature of Principal Executive Officer or Authorized Agent

Telephone
 631-344-3424

Date Signed

Comments and Explanation of any violations (Reference all attachments here)
 PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING A STORM EVENT. (IF NO DISCHARGE, ENTER AN "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

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

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

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

Monitoring Period
 From To
 YR MO DY YR MO DY
 03 10 01 03 10 31
 *** No Discharge

COOLING TOWER FROM 919 ETC(HT2)
 *** No Discharge

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE				MAXIMUM	UNITS
PH	*****	*****		7.3	*****	7.7	(12)	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	****	*****	*****	< 5	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	15 DAILY MX	MG/L	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.04	*****	(03)	*****	*****	*****		0	05/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	MGD	*****	*****	*****		0	ONCE/MONTH	RCORDR
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Mr. Michael Holland
 Area Office 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.