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

September 21, 2004

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

Dear Mr. Mallette:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for August 2004

Included as Attachment I, please find the DMR for the month of August 2004. Chemical analyses for the reported parameters are conducted by NYS Department of Health certified laboratories. Severn Trent Laboratories, Inc. (NELAP Certification #11616) performs most of the analyses on SPDES samples. H2M Labs, Inc. (NELAP Certification #10478) performs the BOD₅, Nitrogen series, and fecal coliform analyses due to short sample holding times. CHEMTEX Environmental Laboratory, Inc. (NELAP Certification #02077) performs the tolytriazole, hydroxyethilydene diphosphoric acid, and polypropylene glycol monobutyl ether specialty 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 BNL personnel. 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 BNL during the month of August 2004.



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 the non-compliance report and transmit it to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than September 28, 2004. If there are any questions regarding the information contained on the DMR or the analytical data packages, please do not hesitate to contact M. Allocco at extension 3166 or R. Lee at extension 3148.

Sincerely,

/s/ Robert Lee (for)

George A. Goode Environmental & Waste Management Services Division Manager

GAG/MA:car

Attachment I: Discharge Monitoring Report for August 2004.

Attachment II: Analytical Results from H2M Labs Inc. and Severn Trent Laboratories Inc. for samples collected on 8/4/04 and 8/9/04 from Outfall 001.

Attachment III: Analytical Results from Severn Trent Laboratories and CHEMTEX, Environmental Laboratory, 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	V. Radeka	w/o attachments
	B. Style	w/o attachments	J. Tarpinian	w/o attachments
	D. Van Duyne	w/ attachments	_	

EC62ER.04

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for August 2004 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 analytical result has been reported with a data qualifier, which indicates the compound was found in the associated laboratory blank during the analysis of the sample.
- 3. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
- 4. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
- 5. As per the August 19, 2004 e-mail from R. Sorrentino (NYSDEC-Stony Brook) to J. Marra (NYSDEC-Albany) with cc to Brookhaven National Laboratory, tolytriazole monitoring at Outfall 002B was incorrectly specified as monthly instead of quarterly. Therefore the reported concentration is that of the quarterly sample collected on July 13, 2004.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR AUGUST 2004

FOR OUTFALLS NO. 001 – 010

USDOE

NAME

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

	00001				DISCHARO								
ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OFI	FICE			NY0005835		001 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge I	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring Period				PROCESS SANIT & STORMWTR RNOFF				
LOCATION	UPTON	NY 11973			From	То	1	***	No Dischar	ge	****		
ATTN:	GEORGE MALOSH, GROU	JP MGR			YR MO DY	YR MO DY				•			
					04 08 01	04 08 31	1	Note: Read	d Instruction	s before co	mpleting this for	m	
		\smallsetminus	01144							NO.	FREQUENCY	SAMPLE	1
	PARAMETER	\mid \times	QUAN	NTITY OR LO	JADING	QUA	ALITY OR CO	JNCENTRA	TION	EX	OF	TYPE	
		$arphi$ \smallsetminus	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
TEMPERAT	TURE, WATER	SAMPLE	*****	*****		*****	*****	84	(15)	0	01/01	GR	
DEG. FAHF	RENHEIT	MEASUREMENT						04		U	01/01	GR	
00011 1 0	0	PERMIT	*****	*****	****	*****	*****	90			DAILY	GRAB	
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	DEG.F		DAILT	GRAD	
BOD, 5-DA	Y	SAMPLE	*****	*****		*****	< 2	< 2	(19)	0	02/30	24	
(20 DEG. C)	MEASUREMENT					< 2	< 2		U	02/30	24	
00310 1 0	0	PERMIT	*****	*****	****	*****	10	20			ONCE/MONTH	COMP24	
EFFLUENT	GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		UNCE/MONTH	COMP24	
PH		SAMPLE	*****	*****		6.1	*****	7.4	(12)	0	01/01	GR	
		MEASUREMENT				0.1		7.4		U	01/01	GR	
00400 1 0	0	PERMIT	*****	*****	****	5.8	*****	9.0			DAILY	GRAB	
EFFLUENT	GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		DAILT	GRAD	
SOLIDS, TO	OTAL	SAMPLE	*****	*****		*****	6	8	(19)	0	02/30	24	
SUSPENDE	ED	MEASUREMENT					0	0		U	02/30	24	
00530 1 0	0	PERMIT	*****	*****	****	*****	10	20			ONCE/MONTH	COMP24	
EFFLUENT	GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		ONCE/MONTH	COMP24	
SOLIDS, SE	ETTLEABLE	SAMPLE	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
		MEASUREMENT						0.0		U	01/01	5	
00545 1 0	0	PERMIT	*****	*****	****	*****	*****	0.1			DAILY	GRAB	
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	ML/L		DAILT	OKAB	
NITROGEN	I, TOTAL	SAMPLE	*****	*****		*****	*****	7.0	(19)	0	02/30	24	
(AS N)		MEASUREMENT						7.0		<u> </u>	02/30	27	
00600 1 0	0	PERMIT	*****	*****	****	*****	*****	10			ONCE/MONTH	COMP24	
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L			50m 24	
NITROGEN	I, AMMONIA	SAMPLE	*****	*****		*****	*****	0.2	(19)	0	02/30	24	1
TOTAL (AS	5 N)	MEASUREMENT						0.2		, v	02/30	27	
00610 1 0	0	PERMIT	*****	*****	****	*****	*****	2			ONCE/MONTH	COMP24	
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L			00111 24	
NAME	/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify un	der penalty of law t	hat this document ar	nd all attachments we	ere prepared under	my direction					
	Mr. Michael Holland		or supervis	sion in accordance	with a system design	ed to assure that qua	alified personnel pro	operly gather				Telep	ohone
	Brookhaven Site Mana	ager	and evalua	te the information s	ubmitted. Based on	my inquiry of the per	son or persons who	o manage the				631-34	14-3424
			system, or those	se persons directly	responsible for gathe	ering the information,	the information sub	omitted is, to the					
			best of my kno	wledge and belief,	true, accurate, and c	complete. I am aware	e that there are sign	nificant penalties	Signatu	re of Princip	al Executive	Date S	Signed
	Typed or Printed		for submittin	ng false information	i, including the possil	bliity of fine and impri	sonment for knowir	ng violations.	Office	er or Author	ized Agent		

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.

USDOE NAME

ADDRESS	BROOKHAVEN NATIONAL LABORATOR
	BROOKHAVEN AREA OFFICE

	••••••	
FACILITY	BROOKHAVEN NATIONA	L LABORATORY
LOCATION	UPTON	NY 11973

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

ADDRESS	BROOKHAVEN NATIONAL	L LABORATORY						()	MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		001 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitori	ng Period			PROCESS	SANIT & ST	ORMWTR RNOF	F	
LOCATION	UPTON	NY 11973			From	То	-	***	No Dischar		****		
ATTN:	GEORGE MALOSH, GROU				YR MO DY	YR MO DY				J *			
	,					04 08 31		Note: Read	I Instruction	s before co	mpleting this for	m	
	PARAMETER	\sum	QUAN	NTITY OR LO			ALITY OR CO			NO. EX	FREQUENCY OF	SAMPLE TYPE	
		$arphi$ \smallsetminus	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		1
PHOSPHOR	RUS, TOTAL	SAMPLE	*****	*****		*****	*****	1.3	(19)	0	02/30	24	1
(AS P)		MEASUREMENT						1.5		0	02/30	24	1
00665 1 0	0	PERMIT	*****	*****	****		*****	REPORT			ONCE/MONTH	COMP24	1
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONCE/MONTH	COMF24	
CYANIDE,	TOTAL	SAMPLE	*****	*****		*****	*****	< 5.0	(28)	0	02/30	GR	1
(AS CN)		MEASUREMENT						< 5.0		0	02/30	GK	1
00720 1 0	0	PERMIT	*****	*****	****		*****	100			TWICE/MONTH	GRAB	1
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		TWICE/MONTH	GRAD	
COPPER, T	TOTAL	SAMPLE	*****	*****		*****	*****	0.036	(19)	0	02/30	24	1
(AS CU)		MEASUREMENT						0.050		0	02/30	24	l
01042 1 0	0	PERMIT	*****	*****	****		*****	0.15			ONCE/MONTH	COMP24	1
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				l
IRON, TOT	AL	SAMPLE	*****	*****		*****	*****	0.10	(19)	0	02/30	24	1
(AS FE)		MEASUREMENT						0.10		•	02/00	24	l
01045 1 0	0	PERMIT	*****	*****	****	*****	*****	0.37			ONCE/MONTH	COMP24	1
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L			00111 24	l
LEAD, TOT	AL	SAMPLE	*****	*****		*****	*****	0.0012	(19)	0	02/30	24	1
(AS PB)	See Note 1	MEASUREMENT						010012		•	02,00		l
01051 1 0	0	PERMIT	*****	*****	****	*****	*****	0.019			ONCE/MONTH	COMP24	1
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				1
NICKEL, TO	OTAL	SAMPLE	*****	*****		*****	*****	0.0038	(19)	0	02/30	24	1
(AS NI)	See Note 1	MEASUREMENT								-			1
01067 1 0	-	PERMIT	*****	*****	****	*****	*****	0.11			ONCE/MONTH	COMP24	1
	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				1
SILVER, TO	DTAL	SAMPLE	*****	*****		*****	*****	0.0032	(19)	0	02/30	24	1
(AS AG)		MEASUREMENT											1
01077 1 0	-	PERMIT	*****	*****	****	*****	*****	0.015			ONCE/MONTH	COMP24	1
	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				i
NAME	E/TITLE PRINCIPAL EXECU		I certify un	der penalty of law t	hat this document ar	nd all attachments we	ere prepared under	my direction					
	Mr. Michael Holland					ned to assure that qu							ohone
	Brookhaven Site Mana	iger	and evalua	te the information s	ubmitted. Based on	my inquiry of the per	rson or persons who	manage the				631-34	4-3424
			-			ering the information,							
						complete. I am awar			-	•	al Executive	Date S	Signed
	Typed or Printed		for submittin	ng false information	, including the possil	bliity of fine and impr	isonment for knowir	ng violations.	Office	r or Author	ized Agent		

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

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USDOE

NAME

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDI	ES)
DISCHARGE MONITORING REPORT (DMR)	

NAME USDOE				DISCHARGE	E MONITORIN	NG REPORT	(DMR)					
ADDRESS BROOKHAVEN NAT	IONAL LABORATORY							MAJOR				
BROOKHAVEN ARE	A OFFICE			NY0005835		001 M		(SUBR 01)				
UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY BROOKHAVEN NAT	IONAL LABORATORY			Monitori	ng Period			PROCESS	SANIT & ST	OR <u>MW</u> TR RNOF	F	
LOCATION UPTON	NY 11973			From	То		***	No Dischar	ge	****		
ATTN: GEORGE MALOSH,	GROUP MGR				YR MO DY							
				04 08 01	04 08 31		Note: Read	Instruction	s before con	mpleting this for	m	_
		QUAN			QUA	ALITY OR CO			NO.	FREQUENCY	SAMPLE	
PARAMETER			-						EX	OF	TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		1
ZINC, TOTAL	SAMPLE	*****	*****		*****	*****	0.03	(19)	0	02/30	24	
(AS ZN) See Not	e 2 MEASUREMENT											
01092 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				
TOLUENE	SAMPLE	*****	*****		*****	*****	< 5.0	(28)	0	02/30	GR	1
	MEASUREMENT]				
34010 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L			0	
METHYLENE CHLORIDE	SAMPLE	*****	*****		*****	*****	< 5.0	(28)	o	02/30	GR	
	MEASUREMENT						0.0		Ů	02/00	ÖN	
34423 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L			ONAB	
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****	< 5.0	(28)	o	02/30	GR	
ETHANE	MEASUREMENT									02/00	OIL	
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L			on a b	
FLOW, IN CONDUIT OR	SAMPLE	0.38	0.49	(03)	*****	*****	*****		o	99/99	RC	
THRU TREATMENT PLANT	MEASUREMENT]				
50050 1 0 0	PERMIT	REPORT	2.3		*****	*****	*****	****		CONTINUOUS	RCORDR	
EFFLUENT GROSS VALUE	REQUIREMENT	DAILY AV	DAILY MX	MGD				****				
MERCURY, TOTAL	SAMPLE	*****	*****		*****	*****	< 0.0002	(19)	o	02/30	24	ĺ
(AS HG)	MEASUREMENT											
71900 1 0 0	PERMIT	*****	*****	****	*****	*****	0.0008			ONCE/MONTH	COMP24	1
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				
COLIFORM, FECAL	SAMPLE	*****	*****		*****	2	2	(13)	0	02/30	GR	1
GENERAL	MEASUREMENT							1				1
74055 1 0 0	PERMIT	*****	*****	****	*****	200	400	#/ 100ML		ONCE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX					1
NAME/TITLE PRINCIPAL E		I certify une	der penalty of law t	hat this document an	nd all attachments we	ere prepared under	my direction					
Mr. Michael H		or supervis	ion in accordance	with a system design	ed to assure that qu	alified personnel pro	operly gather					ohone
Brookhaven Site	Manager	and evaluat	e the information s	ubmitted. Based on	my inquiry of the per	rson or persons who	o manage the				631-34	4-3424
				responsible for gathe	-							
			-	true, accurate, and c		-		-	•	al Executive	Date S	Signed
Typed or Prin	nted	for submittin	ng false information	n, including the possil	bliity of fine and impr	isonment for knowir	ng violations.	Office	er or Authori	ized Agent		

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.

USDOE

NAME

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

	03001				DISCHARG								
ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR		completing this form FREQUENCY S OF ANALYSIS 02/30 TWICE/MONTH 01/30 ONCE/MONTH 01/30		
	BROOKHAVEN AREA OF	FICE			NY0005835		001 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	nber	Discharge	Number	F - FINAL				
FACILITY	FACILITY BROOKHAVEN NATIONAL LABORATORY								PROCESS SANIT & STORMWTR RNOFF				
	UPTON	NY 11973			-			***			fore completing this form NO. FREQUENCY EX OF ANALYSIS 0 02/30 TWICE/MONTH 0 01/30 0 0		
	GEORGE MALOSH. GRO	UP MGR								0			
	,							Note: Read	d Instruction	s before co	mpleting this for	m	
		\smallsetminus									SAMPLE		
	BROOKHAVEN AREA OFFICE NY0005835 (001 M (SUBR 01) BROOKHAVEN NATIONAL LABORATORY Monitoring Period Promit Number Discharge Number PROCESS SANIT & STORMWTR RNOFF BROOKHAVEN NATIONAL LABORATORY Monitoring Period PROCESS SANIT & STORMWTR RNOFF Image: Colspan="2">Image: Colspan="2" Image: Colspan=	TYPE											
		ert	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
ADDRESS BROOKHAVEN NAT BROOKHAVEN ARE UPTON FACILITY BROOKHAVEN NAT LOCATION UPTON ATTN: GEORGE MALOSH,		SAMPLE	*****	*****		*****	*****	. 40	(28)	•	00/00	0.0	
		MEASUREMENT		*****		*****	*****	< 10	. ,	U	02/30	GR	
78356 1 0	0	PERMIT	بلد بلد بلد بلد بل	بلد بلد بلد بلد بلد	****		بلدية بلدية المربق	50	1			0040	
EFFLUENT	GROSS VALUE	REQUIREMENT		*****	****	*****	*****	DAILY MX	UG/L		TWICE/MONTH	GRAB	
BOD, 5-DA	Y PERCENT	SAMPLE	***	ىلى بى بى بى بى بى			1. 1. 1. 1. 1. 1. 1. 1.	***	(23)		0.1/0.0		
REMOVAL		MEASUREMENT		*****		> 94	*****	*****	. ,	U	01/30	CA	
81010 K 0	0	PERMIT	***	***	****	85	***	*****	1				
PERCENT	REMOVAL	REQUIREMENT	*****	*****	****	MO AV MN		*****	PERCENT		ONCE/MONTH	CALCID	
SOLIDS, S	USPENDED	SAMPLE	***	ىلى بى بى بى بى بى			***	***	(23)		0.1/0.0		
PERCENT	REMOVAL	MEASUREMENT				> 90				U	01/30	CA	
81011 K 0	0	PERMIT	*****	NY0005835 Permit Number 001 M Discharge Number (SUBR 01) F - FINAL Monitoring Period From To YR To VR To VR									
PERCENT	REMOVAL	OKHAVEN AREA OFFICE DN NY 11973 OKHAVEN NATIONAL LABORATORY DN NY 11973 RGE MALOSH, GROUP MGR AMETER QUANTITY O AVERAGE MAXIM MEASUREMENT PERMIT ****** ***** NEASUREMENT REQUIREMENT VAL REQUIREMENT NDED SAMPLE NDED SAMPLE NDED SAMPLE MEASUREMENT NDED SAMPLE MEASUREMENT NDED SAMPLE MEASUREMENT NDED SAMPLE MEASUREMENT PERMIT REQUIREMENT DVAL REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PER						PERCENT		ONCE/MONTH	CALCID		
		SAMPLE											
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		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
NAME	/TITLE PRINCIPAL EXECU	ITIVE OFFICER	I certify ur	der penalty of law t	hat this document ar	nd all attachments we	ere prepared under	my direction					
												Telep	
	Brookhaven Site Man	ager	and evalua	te the information s	ubmitted. Based on	my inquiry of the pe	son or persons who	o manage the				631-344	
		-						-					
			-			-			Signatur	e of Princip	al Executive	Date Sig	
	Typed or Printed		· · · ·	-		-	-		-				

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

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USDOE NAME

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

NAME USDOE				DISCHARGE		NG REPORT	(DNIK)						
ADDRESS BROOKHAVEN	NATIONAL LABORATORY							MAJOR					
BROOKHAVEN	AREA OFFICE			NY0005835		002 B		(SUBR 01)					
UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL RF (1004) & BRAHMS (1002) BLOWDN					
FACILITY BROOKHAVEN	NATIONAL LABORATORY			Monitori	ng Period	-							
LOCATION UPTON	NY 11973			From To YR MO DY YR MO DY			***	No Dischar	ge	****			
ATTN: GEORGE MALO	SH, GROUP MGR							-					
					04 08 31		Note: Read	Instruction	s before co	ompleting this for	m		
		01141			011			NO.		FREQUENCY	SAMPLE		
PARAMETER		QUAI	NTITY OR LO	DADING	QU/	ALITY OR CO	ONCENTRA	ION	EX	OF	TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS			
PH	SAMPLE	*****	*****	(07)	0.4	*****		(12)	•	0.4/0.0			
	MEASUREMENT		*****	. ,	8.1		8.1	. ,	0	04/30	GR		
00400 1 0 0	PERMIT	*****	*****	1	REPORT	*****	9.0	1					
EFFLUENT GROSS VALUE		*****	*****	GPD	MINIMUM	*****	MAXIMUM	SU		ONCE/MONTH	GRAB		
OIL & GREASE	SAMPLE	*****	*****		*****	*****		(19)	_	04/00	05		
	MEASUREMENT	*****	*****		*****	*****	< 5.0	l `´	0	01/30	GR		
00556 1 0 0	PERMIT	*****	*****	****	*****	*****	15	1		0105/1401-01	0.04.5		
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	DAILY MX	MG/L		ONCE/MONTH	GRAB		
FLOW, IN CONDUIT OR	SAMPLE			(03)									
THRU TREATMENT PLAN	-	*****	0.0058	()	*****	*****	*****		0	04/30	RC		
	Note 4 PERMIT	*****	REPORT		*****	*****	*****	****					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR		
TOLYTRIAZOLE	SAMPLE	*****	*****		*****	*****		(19)					
	Note 5 MEASUREMENT	*****	*****		*****	*****	< 0.005	(- <i>y</i>	0	01/90	GR		
85813 1 0 1	PERMIT	*****	*****	****	*****	*****	0.2	1					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		ONCE/MONTH	GRAB		
	SAMPLE	1				1							
	MEASUREMENT												
	PERMIT												
	REQUIREMENT												
	SAMPLE												
	MEASUREMENT												
	PERMIT			1				1					
	REQUIREMENT												
	SAMPLE												
	MEASUREMENT												
	PERMIT			1				1					
	REQUIREMENT												
NAME/TITLE PRINCIPA	L EXECUTIVE OFFICER	L certify ur	der penalty of law t	hat this document an	d all attachments we	are prepared under	my direction						
	el Holland			with a system design							Telep		
	Site Manager			ubmitted. Based on							631-34		
Brookhaven	system, or those persons dire						-	031-344					
l				true, accurate, and c									
Typod o	r Printed	· · · ·	-	, including the possil		-		Officer or Authorized Agent					
i ypeu o			ng raise information	,	and and and and		ng fiolations.						

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, DISCARGE SHOULD BE TO NEW BASIN.

NAME USDOE

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR			
	BROOKHAVEN AREA OF	FICE			NY0005835		002 M		(SUBR 01)			
	UPTON	NY 11973			Permit Num	ber	Discharge I	Number	F - FINAL			
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			AGS NON-	C COOLNG,I	PRCP,ETC (HN)	
LOCATION	UPTON	NY 11973			From	То		***	No Dischar	ge	****	
ATTN:	GEORGE MALOSH, GROU	UP MGR			YR MO DY	YR MO DY				-		
					04 08 01	04 08 31		Note: Read	d Instruction	ns before co	mpleting this for	m
	PARAMETER	\sum	QUAN	NTITY OR LO	DADING	ADING QUAI				NO. EX	FREQUENCY OF	SAMPLE TYPE
		ert	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
PH		SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.9	(12)	0	04/30	GR
	-	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	su		ONCE/MONTH	GRAB
		SAMPLE	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR
		PERMIT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN (CONDUIT OR	SAMPLE	0.036	*****	(03)	*****	*****	*****		0	04/30	RC
50050 1 0	1	PERMIT	REPORT	*****	MGD	*****	*****	*****	**** ****		ONCE/MONTH	RCORDR
		SAMPLE MEASUREMENT										
		PERMIT REQUIREMENT										
		SAMPLE MEASUREMENT										
		PERMIT REQUIREMENT										
		SAMPLE MEASUREMENT										
		PERMIT REQUIREMENT										
		SAMPLE										
		PERMIT			1				1			
UPTON N 11973 Permit Number Discharge Number F. FINAL FACILITY BROKHAVEN NATIONAL LABORATORY LOCATION Monitoring Period From Monitoring Period From AGS NON-C COULNG, PGC ATTN: GEORGE MALOSH, GROUP MGR Monitoring Period From No.6: Real Instructions before complet ATTN: GEORGE MALOSH, GROUP MGR QUANITTY OR LOADING QUALITY OR CONCENTRATION No.6: Real Instructions before complet PH SAMPLE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS No.6: Real Instructions before complet PH SAMPLE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS No.6: Real Instructions before complet PH SAMPLE ***** ****** 7.1 ****** 7.9 (12) 0 Outo 1 0 PERMIT ****** ****** REPORT MAXIMUM UNITS MAXIMUM SU ON FEILUENT GROSS VALUE REQUIREMENT ****** ****** ****** ****** ****** ****** ****** ******												
												Telepl
												631-344
1												
l									Signature of Principal Executive			Date S
	Typed or Printed			-			-			•		
	//					,					U	

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.

NAME USDOE

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

ADDRESS	BROOKHAVEN NATIONAL	L LABORATORY		MAJOR											
	BROOKHAVEN AREA OFF	FICE			NY0005835		005 M	(SUBR 01)							
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL						
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitorir	ng Period			NSLS COO	LING TOWR	BLDN ETC(HS)				
LOCATION	UPTON	NY 11973			From	То		***	No Dischar	ge	****				
ATTN:	GEORGE MALOSH, GROU	JP MGR				YR MO DY									
					04 08 01	04 08 31		Note: Read	Instruction	s before con	npleting this for	m	_		
	PARAMETER	\sum	QUANTITY OR LOA		DADING QUA		ALITY OR CO	ONCENTRAT	TION NO. EX		FREQUENCY OF	SAMPLE TYPE			
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS				
PH		SAMPLE MEASUREMENT	*****	*****		7.5	*****	8.2	(12)	0	04/30	GR			
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB			
OIL & GRE	ASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR			
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB			
· ·	CONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.18	*****	(03)	*****	*****	*****		0	04/30	RC			
50050 1 0	1	PERMIT	REPORT	*****		*****	*****	*****	****		ONCE/MONTH	RCORDR			
EFFLUENT	GROSS VALUE	REQUIREMENT	DAILY AV		MGD				****			ROORDR			
		SAMPLE MEASUREMENT													
		PERMIT REQUIREMENT													
		SAMPLE MEASUREMENT													
		PERMIT REQUIREMENT													
		SAMPLE MEASUREMENT													
		PERMIT REQUIREMENT													
		SAMPLE MEASUREMENT													
		PERMIT REQUIREMENT													
NAME	/TITLE PRINCIPAL EXECUT	TIVE OFFICER	I certify un	der penalty of law t	hat this document an	d all attachments we	ere prepared under	my direction					-		
	Mr. Michael Holland	i	or supervis	ion in accordance	with a system design	ed to assure that qu	alified personnel pro	operly gather				Tele	phone		
	Brookhaven Site Mana	iger	and evaluat	te the information s	ubmitted. Based on	my inquiry of the per	son or persons who	manage the				631-34	44-3424		
			system, or thos	e persons directly	responsible for gathe	ring the information,	the information sub	omitted is, to the							
	Typed or Printed			-	true, accurate, and c	-	-		-	re of Princip er or Authori	al Executive zed Agent	Date	Signed		

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

USDOE

NAME

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

ADDRESS	BROOKHAVEN NATION	AL LABORATORY							MAJOR							
	BROOKHAVEN AREA O	NY0005835		007 M		(SUBR 01)										
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL	•						
FACILITY	BROOKHAVEN NATION	AL LABORATORY			Monitoring Period				WATER TR	EATMENT I	PLT BKWSH (HX)				
LOCATION	UPTON	NY 11973			From	То		***	No Dischar	qe	****					
ATTN:	GEORGE MALOSH, GRO	OUP MGR			YR MO DY	YR MO DY				•						
	,					04 08 31		Note: Read	Instruction	s before co	mpleting this for	m				
		\smallsetminus								NO.	FREQUENCY	SAMPLE				
	PARAMETER	\mid \times	QUAN	NTITY OR LO	DADING	QU/	ALITY OR CO	ONCENTRA	ION	EX	OF	TYPE				
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS					
FLOW RAT	ſE	SAMPLE	*****	000000	(07)	*****	*****	*****		•	45/00					
		MEASUREMENT		280000	. ,					0	15/30	IN				
00056 1 0	0	PERMIT	*****	REPORT		*****	*****	*****	1			IN IOT AN				
EFFLUENT	GROSS VALUE	REQUIREMENT		DAILY MX	GPD	*****	*****				ONCE/MONTH	INSTAN				
PH		SAMPLE	*****	*****		7.0	*****	7.0	(12)	•	04/00	0.0				
		MEASUREMENT				7.0		7.0		0	01/30	GR				
00400 1 0	0	PERMIT	*****	*****	****	REPORT	*****	9.0			ONCE/	GRAB				
EFFLUENT	GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		MONTH	GRAB				
		SAMPLE														
		MEASUREMENT														
		PERMIT							1							
		REQUIREMENT														
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		SAMPLE														
		MEASUREMENT														
		PERMIT														
		REQUIREMENT														
NAME	E/TITLE PRINCIPAL EXEC	UTIVE OFFICER	der penalty of law t	hat this document ar	d all attachments we	ere prepared under	my direction									
	Mr. Michael Hollar	nd	or supervis	sion in accordance	with a system design	ed to assure that qu	alified personnel pr	operly gather				Telep				
	Brookhaven Site Mar	nager	and evaluat	te the information s	ubmitted. Based on	my inquiry of the pe	rson or persons wh	o manage the				631-34				
1			system, or those	se persons directly	responsible for gathe	ering the information,	, the information sul	omitted is, to the								
			best of my kno	wledge and belief,	true, accurate, and c	omplete. I am awar	e that there are sig	nificant penalties	Signatu	re of Princip	al Executive	Date S				
Typed or Printed			for submitti	ng false informatior	n, including the possil	pliity of fine and impr	isonment for knowi	ng violations.	Officer or Authorized Agent							

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.

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

NAME USDOE		DISCHARGE MONITORING REPORT (DMR)												
ADDRESS BROOKHAVEN NATIONA	L LABORATORY							MAJOR						
BROOKHAVEN AREA OF	FICE			NY0005835		008 M		(SUBR 01)	SUBR 01)					
UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL						
FACILITY BROOKHAVEN NATIONA	L LABORATORY			Monitori	Monitoring Period STORMWTR RUNOFF WAREHOUSE (I						W)			
LOCATION UPTON	NY 11973			From	То		***	No Dischar	ge	****				
ATTN: GEORGE MALOSH, GRO	UP MGR			YR MO DY	YR MO DY				-					
					04 08 31		Note: Read	Instruction	s before co	mpleting this for	m			
	$\overline{\mathbf{N}}$								NO.	FREQUENCY	SAMPLE			
PARAMETER	\mid \checkmark	QUAN	NTITY OR LC	DADING	QU	ALITY OR CO	ONCENTRAT	ION	EX	OF	TYPE	1		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS				
FLOW RATE	SAMPLE	*****		(07)	*****	*****	*****							
See Note 3	MEASUREMENT	*****	22600	(01)	*****	*****	*****		0	01/30	IN			
00056 1 0 0	PERMIT		REPORT					****						
EFFLUENT GROSS VALUE	REQUIREMENT	*****	DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN			
PH	SAMPLE							(12)						
	MEASUREMENT	*****	*****		8.1	*****	8.1	(12)	0	01/30	GR			
00400 1 0 0	PERMIT			****	REPORT		8.5							
	REQUIREMENT	*****	*****	****		*****	0.5 MAXIMUM	SU		ONCE/MONTH	GRAB			
EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE				MINIMUM									
OIL & GREASE	-	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR			
	MEASUREMENT			****			45							
00556 1 0 0	PERMIT	*****	*****	****		*****	15			ONCE/MONTH	GRAB			
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L						
1,1-DICHLOROETHYLENE	SAMPLE	*****	*****		*****	*****	< 1.0	(28)	0	01/30	GR			
	MEASUREMENT													
34501 1 0 0	PERMIT	*****	*****	****	*****	*****	5			ONCE/MONTH	GRAB			
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L						
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****	< 1.0	(28)	0	01/30	GR	1		
ETHANE	MEASUREMENT								-	000	•			
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5			ONCE/MONTH	GRAB			
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L			Citrib			
	SAMPLE													
	MEASUREMENT													
	PERMIT													
	REQUIREMENT													
	SAMPLE													
	MEASUREMENT											1		
l l	PERMIT			1				1						
	REQUIREMENT													
NAME/TITLE PRINCIPAL EXECU	ITIVE OFFICER	I certify un	der penalty of law t	hat this document ar	nd all attachments w	ere prepared under	my direction			•				
Mr. Michael Hollan				with a system design							Telep	hon		
Brookhaven Site Man				ubmitted. Based on							631-34			
				responsible for gathe			-							
			true, accurate, and c				Signatur	e of Princir	oal Executive	Date S	Sian			
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Typed of Frinted			ing raise innonnia(1011	, molualing the possi	omy or nine and impl	Soment IOF KHOWI	ng violations.		Officer or Authorized Agent					

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.

USDOE

NAME

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

	03001				DISCHARGE										
ADDRESS	BROOKHAVEN NATIONA				MAJOR										
	BROOKHAVEN AREA OF	FICE			NY0005835		010 M (S		(SUBR 01)						
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL						
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring Period					STORMWTR R O CENTRAL STEAM (H)					
LOCATION	UPTON	NY 11973			From	То	То **		No Dischar						
ATTN:	GEORGE MALOSH, GROU	JP MGR				YR MO DY									
					04 08 01	04 08 31		Note: Rea	d Instruction	ns before co	ompleting this for	m			
		\smallsetminus	QUAN	NTITY OR LO	DADING	QU	ALITY OR C	ONCENTRA		NO.	FREQUENCY	SAMPLE			
	PARAMETER	\mid \times								EX	OF	TYPE			
			AVERAGE	MAXIMUM	-	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS				
FLOW RAT	E	SAMPLE	*****	7300	(07)	*****	*****	*****		0	01/30	IN			
	See Note 3	MEASUREMENT									•				
00056 1 0	0	PERMIT	*****	REPORT		*****	*****	*****	****		ONCE/MONTH	INSTAN			
EFFLUENT	GROSS VALUE	REQUIREMENT		DAILY MX	GPD				****						
PH		SAMPLE	*****	*****		7.7	*****	7.7	(12)	0	01/30	GR			
		MEASUREMENT								•	01/00	ÖN			
00400 1 0	0	PERMIT	*****	*****	****	REPORT	*****	8.5			ONCE/MONTH	GRAB			
EFFLUENT	GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU			ONAD			
OIL & GRE	ASE	SAMPLE	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR			
		MEASUREMENT						< 3.0		Ŭ	01/30	ÖK			
00556 1 0	0	PERMIT	*****	*****	****	*****	*****	15			ONCE/MONTH	GRAB			
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L			ONAD			
		SAMPLE													
		MEASUREMENT													
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NAME	/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify un	der penalty of law t	hat this document ar	nd all attachments w	ere prepared under	r my direction							
	Mr. Michael Hollan				with a system desigr							Telep			
	Brookhaven Site Mana	ager			ubmitted. Based on							631-34			
					responsible for gathe										
					true, accurate, and o	-			Signatu	re of Princi	pal Executive	Date S			
	Typed or Printed			-	, including the possil		-	-	-		rized Agent				
						2									

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.

NAME USDOE

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY
	BROOKHAVEN AREA OF	FICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATIONA	L LABORATORY
LOCATION	UPTON	NY 11973

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

ADDRESS	BROOKHAVEN NATIONAL	LABORATORY							MAJOR				
	BROOKHAVEN AREA OFF	FICE			NY0005835		06A M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge I	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	LABORATORY			Monitorir	ng Period			LINAC NCC	W, FLOOR	DNS,ETC(HT1)		
LOCATION	UPTON	NY 11973			From	То		***	No Dischar	ge	****		
ATTN:	GEORGE MALOSH, GROU	JP MGR			YR MO DY	YR MO DY							
					04 08 01	04 08 31		Note: Read	I Instruction	s before co	npleting this for	m	
	PARAMETER	\sum	QUAN	NTITY OR LO	DADING	QUA	ALITY OR CO	DNCENTRAT	ION	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE MEASUREMENT	*****	*****		7.5	*****	8.4	(12)	0	04/30	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GRE	ASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR	
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
,	ONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.15	*****	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0	1	PERMIT	REPORT	*****		*****	*****	*****	****				
EFFLUENT	GROSS VALUE	REQUIREMENT	DAILY AV		MGD				****		ONCE/MONTH	RCORDR	
		SAMPLE MEASUREMENT PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT REQUIREMENT											
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		MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											J
NAME	TITLE PRINCIPAL EXECU		I certify un	der penalty of law t	hat this document an	d all attachments we	ere prepared under	my direction					
	Mr. Michael Holland		or supervis	sion in accordance	with a system design	ed to assure that qu	alified personnel pro	operly gather					hone
	Brookhaven Site Mana	ger	and evaluat	te the information s	ubmitted. Based on	my inquiry of the per	rson or persons who	manage the				631-34	4-3424
			system, or those	se persons directly	responsible for gathe	ring the information,	the information sub	mitted is, to the					
			best of my kno	wledge and belief,	true, accurate, and c	omplete. I am awar	e that there are sign	ificant penalties	-	•	al Executive	Date S	igned
	Typed or Printed		for submittir	ng false information	, including the possib	liity of fine and impr	isonment for knowir	ng violations.	Office	r or Authori	zed Agent		

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

NAME USDOE

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY
	BROOKHAVEN AREA OF	FICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATIONA	L LABORATORY
LOCATION	UPTON	NY 11973

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR			
	BROOKHAVEN AREA OF	FICE			NY0005835		06B M (SUBR 01					
	UPTON	NY 11973			Permit Num	ber	Discharge I	Number	F - FINAL			
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitorin	ng Period			COOLING 1		1 919 ETC(HT2)	
LOCATION	UPTON	NY 11973			From	То		*** No Discharge				
ATTN:	GEORGE MALOSH, GROU	JP MGR			YR MO DY	YR MO DY				-		
						04 08 31		Note: Read	Instruction	s before cor	npleting this for	m
		\smallsetminus	QUAN				ALITY OR CO		ION	NO.	FREQUENCY	SAMPLE
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			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
PH		SAMPLE	*****	*****		7.1	*****	7.9	(12)	0	04/30	GR
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NAME	E/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify un	der penalty of law t	hat this document an	d all attachments we	ere prepared under	my direction				
	Mr. Michael Holland	d	or supervis	ion in accordance	with a system design	ed to assure that qua	alified personnel pro	perly gather				Telep
	Brookhaven Site Mana	ager	and evaluat	e the information s	ubmitted. Based on	my inquiry of the per	rson or persons who	manage the				631-34
			system, or thos	e persons directly	responsible for gathe	ring the information,	the information sub	mitted is, to the				
			best of my kno	wledge and belief,	true, accurate, and c	omplete. I am aware	e that there are sign	ificant penalties	Signatur	re of Princip	al Executive	Date S
	Typed or Printed			ng false information	and belief, true, accurate, and complete. I am aware that there are significant penalties information. including the possibility of fine and imprisonment for knowing violations. 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.