



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

July 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 June 2004**

Included as Attachment I, please find the DMR for the month of June 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 BOD<sub>5</sub>, Nitrogen series, and fecal coliform analyses due to short sample holding times. CHEMTEX Environmental Laboratory, Inc. (NELAP Certification #02077) performs the tolyltriazole, hydroxyethylidene diphosphoric acid, and polypropylene glycol monobutyl ether specialty analyses. Copies of the analytical reports are contained in Attachments III and IV. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental and Waste Management Services Division, Field Sampling Team.

With the exception of four excursions for total iron, daily average for total suspended solids, and percent removal for total suspended solids at Outfall 001, review of the analytical data shows that all other parameters met their respective SPDES effluent limitations this reporting period. With regard to total iron, the samples collected on June 4 and 7, 2004, exhibited a total iron concentration of 0.87 and 0.40 mg/L respectively. These values exceeded the SPDES permit limit of 0.37 mg/L. Subsequent surveillance sampling on June 30, 2004, exhibited a total iron concentration of 0.16 mg/L (preliminary data from analytical laboratory). The total suspended solids samples collected on June 4 and 7, 2004 had concentrations of 18 and 10 mg/L respectively resulting in a daily average of 14 mg/L which exceeds the permit limit of 10 mg/L. This elevated daily average resulted in a total suspended solids percent removal of 82 percent as compared with the permit limit of 85 percent. Please see Attachment II for the non-compliance report on these excursion events.

Brookhaven National Laboratory received a modified SPDES permit from the local NYSDEC office in early February 2004. Modifications to the permit included deleting the VOC sampling requirement from Outfall 001B and changing from a total metals concentration to a dissolved metals concentrations for quarterly stormwater sampling at Outfalls 008 and 010. Changes were made



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is accredited by the American  
National Standards Institute-  
Registrar Accreditation Board

shortly thereafter to our compliance monitoring program to reflect the approved modification to the Laboratory's permit and the related results are included in this DMR submission. However, through discussions with the local office and as evidenced in the pre-printed DMR we received these changes have not been recorded in the Albany NYSDEC office and therefore discrepancies between the preprinted and electronic DMR are noted on the appropriate page and documented in the DMR Notes page.

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 the BNL during the month of June 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 July 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/ George Goode*

George A. Goode  
Environmental & Waste Management Services  
Division Manager

GAG/MA:car

- Attachment I: Discharge Monitoring Report for June 2004.
- Attachment II: Non-Compliance Report for SPDES Excursions at Outfall 001.
- Attachment III: Analytical Results from H2M Labs Inc. and Severn Trent Laboratories, Inc. for samples collected on 6/4/04 and 6/7/04 from Outfall 001.
- Attachment IV: Analytical Results from H2M Labs Inc., Severn Trent Laboratories, and CHEMTEX, Environmental Laboratory, Inc. for samples collected from Outfalls 001A, 001B, 001F, 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 June 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. 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. PCBs were not detected above the detection limit for any congener. Total PCBs have been reported as less than the maximum of the individual detection limits.
5. Two individual photographic processors had generated photographic rinse waters discharged from Building 197B. However, in late 2003 the photographic processors were shutdown resulting in no discharge from Outfall 001D for this time period.
6. Brookhaven National Laboratory received a modified SPDES permit in early February 2004. The modified permit deleted the requirement for volatile organic compound (VOC) analyses on the discharge from Outfall 001B. Therefore there are no analytical results for the parameters noted.
7. An incorrect BOD dilution was utilized by the analytical laboratory during preparation for the June 4, 2004, sample and therefore the reported value was calculated from the COD analysis.
8. The total iron as well as daily average and percent removal for total suspended solids did not meet the permit limits from sampling on June 4 and 7, 2004. Please see Attachment II for the Non-Compliance Report.
9. The analytical laboratory reported the methylene chloride concentration for both of the June compliance samples at a concentration of 6.0 µg/L with a "B" data qualifier. The data qualifier indicates that the compound was found in the associated laboratory blanks during the analyses of the samples. The laboratory has provided documentation that they have a laboratory contamination problem for this analyte and therefore the concentration is reported as less than the 6.0 µg/L reported value.
10. There was no discharge from Outfall 010 during this reporting period although quarterly metals concentrations for a compliance sample collected in April 2004 are reported.
11. Brookhaven National Laboratory received a modified SPDES permit in early February 2004. The modified permit contained new requirements for the metals sampling, dissolved instead of total, for Outfalls 008 and 010 on a quarterly basis. Therefore we are reporting the dissolved metals concentrations for these two outfalls since the pre-printed Discharge Monitoring Reports have not been updated.

**ATTACHMENT I**

**BROOKHAVEN NATIONAL LABORATORY**

**SPDES PERMIT NO. NY0005835**

**DISCHARGE MONITORING REPORT FOR JUNE 2004**

**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 19773  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON NY 19773  
 ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835						001 A					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

MAJOR (SUBR 01)  
 F - FINAL  
 ACID/CAUSTIC CLEANG RINSE 535B  
 \*\*\* No Discharge  \*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE 00056 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	160	*****	(07)	*****	*****	*****		0	03/90	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	*****	**** GPD	*****	*****				QTRLY	RCORDR
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.4	*****	6.4	(12)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE 39100 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
DI-N-BUTYL PHTHALATE 39110 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Brookhaven Site Manager Typed or Printed	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)

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

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)

NY0005835					
Permit Number			001 B		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

001 B  
 Discharge Number

MAJOR  
 (SUBR 01)  
 F - FINAL

RINSE FROM CENTRL DEGREASR 498  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE 00056 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	230 REPORT DAILY AV	*****	(07) GPD	*****	*****	*****	*****	0	01/90 QTRLY	RC RCORDR
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	**** ****	8.5 REPORT MINIMUM	*****	8.5 REPORT MAXIMUM	(12) SU	0	01/90 QTRLY	GR GRAB
CHROMIUM, TOTAL (AS CR) 01034 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	42.8 REPORT DAILY MX	(28) UG/L	0	01/90 QTRLY	GR GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	501 REPORT DAILY MX	(28) UG/L	0	01/90 QTRLY	GR GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	2410 REPORT DAILY MX	(28) UG/L	0	01/90 QTRLY	GR GRAB
MANGANESE, TOTAL (AS MN) 01055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	30.3 REPORT DAILY MX	(28) UG/L	0	01/90 QTRLY	GR GRAB
NICKEL, TOTAL (AS NI) 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	16.7 REPORT DAILY MX	(28) UG/L	0	01/90 QTRLY	GR GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Brookhaven Site Manager Typed or Printed	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
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 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)

NY0005835					
Permit Number			001 B		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

001 B  
 Discharge Number

MAJOR  
 (SUBR 01)  
 F - FINAL

RINSE FROM CENTRL DEGREASR 498

\*\*\* No Discharge  \*\*\*\*

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PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	**** ****	***** *****	***** *****	58.2 REPORT DAILY MX	(28) UG/L	0	01/90 QTRLY	GR GRAB
1,2-DICHLOROETHANE See Note 6 32103 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	**** ****	***** *****	***** *****	REPORT DAILY MX	(28) UG/L		QTRLY	GR GRAB
CHLOROFORM See Note 6 32106 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	**** ****	***** *****	***** *****	REPORT DAILY MX	(28) UG/L		QTRLY	GR GRAB
1,1,1-TRICHLORO-ETHANE See Note 6 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	**** ****	***** *****	***** *****	REPORT DAILY MX	(28) UG/L		QTRLY	GR GRAB
DICHLOROBROMOMETHANE EFFLUENT See Note 6 32101 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	**** ****	***** *****	***** *****	REPORT DAILY MX	(28) UG/L		QTRLY	GR GRAB
BIS (2-ETHYLHEXYL) PHTHALATE 39100 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	**** ****	***** *****	***** *****	4.3 REPORT DAILY MX	(28) UG/L	0	01/90 QTRLY	GR GRAB
DI-N-BUTYL PHTHALATE 39110 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	**** ****	***** *****	***** *****	< 10 REPORT DAILY MX	(28) UG/L	0	01/90 QTRLY	GR GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Brookhaven Site Manager Typed or Printed	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
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 FACILITY BROOKHAVEN NATIONAL LABORATORY  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

NY0005835			001 B		
Permit Number			Discharge Number		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

MAJOR (SUBR 01)  
 F - FINAL  
 RINSE FROM CENTRL DEGREASR 498  
 \*\*\* No Discharge  \*\*\*\*

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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TETRACHLOROETHYLENE See Note 6 85814 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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NY0005835					
Permit Number			001 D		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

001 D  
 Discharge Number

MAJOR  
 (SUBR 01)  
 F - FINAL

PHOTOPROCESSNG RINSE FROM 197B

\*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 5 00056 1 0 1	EFFLUENT GROSS VALUE	*****	*****	(07) GPD	*****	*****	*****	*****	****	QTRLY	RCORDR
PH See Note 5 00400 1 0 0	EFFLUENT GROSS VALUE	*****	*****	**** ****	*****	*****	*****	*****	(12) SU	QTRLY	GRAB
NITROGEN, TOTAL (AS N) See Note 5 00600 1 0 0	EFFLUENT GROSS VALUE	*****	*****	**** ****	*****	*****	*****	*****	(19) MG/L	QTRLY	GRAB
CYANIDE, TOTAL (AS CN) See Note 5 00720 1 0 0	EFFLUENT GROSS VALUE	*****	*****	**** ****	*****	*****	*****	*****	(28) UG/L	QTRLY	GRAB
SILVER, TOTAL (AS AG) See Note 5 01077 1 0 0	EFFLUENT GROSS VALUE	*****	*****	**** ****	*****	*****	*****	*****	(28) UG/L	QTRLY	GRAB
PHENOLICS, TOTAL RECOVERABLE See Note 5 32730 1 0 0	EFFLUENT GROSS VALUE	*****	*****	**** ****	*****	*****	*****	*****	(28) UG/L	QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Brookhaven Site Manager Typed or Printed	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)

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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)

NY0005835			001 E		
Permit Number			Discharge Number		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

MAJOR (SUBR 01)  
 F - FINAL  
 BOILER BLOWDN FROM 244,405,ETC  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE 00056 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	25	*****	(07)	*****	*****	*****		0	01/90	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.5	*****	9.5	(12)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLLECTION SYSTEM. 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)

NY0005835						001 F					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

MAJOR (SUBR 01)  
 F - FINAL  
 COOLING TOWER WTR & BLOWDN 902  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE 00056 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3800	*****	(07)	*****	*****	*****		0	03/90	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.5	*****	8.5	(12)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB
PROPYLENE GLYCOL MONOBUTYL ETHER 49875 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 500	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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

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

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 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)

NY0005835						001 M					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	81	(15)	0	01/01	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	90 DAILY MX	DEG.F		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	< 2	< 2	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		5.9	*****	7.7	(12)	0	01/01	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.8 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	14	18	(19)	1	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24
SOLIDS, SETTLEABLE 00545 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	(25)	0	01/01	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	ML/L		DAILY	GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.4	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	MG/L		ONCE/MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.2	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2 DAILY MX	MG/L		ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Brookhaven Site Manager Typed or Printed	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 5400.5.  
 APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. 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)

NY0005835					
Permit Number			001 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

001 M  
 Discharge Number

MAJOR  
 (SUBR 01)  
 F - FINAL

PROCESS SANIT & STORMWTR RNOFF  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.6	(19)	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(28)	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	100 DAILY MX	UG/L		TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.055	(19)	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.87	(19)	2	02/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0074	(19)	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI) See Note 1 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0071	(19)	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG) 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0045	(19)	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Brookhaven Site Manager Typed or Printed	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 5400.5.  
 APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFIL FROM SFBS. 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)

NY0005835						001 M					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	****	*****	*****	0.1	(19)	0	02/30	24
	PERMIT REQUIREMENT *****	*****	*****	****	*****	*****	0.1 DAILY MX	MG/L		ONCE/MONTH	COMP24
TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	****	*****	*****	< 1.0	(28)	0	02/30	GR
	PERMIT REQUIREMENT *****	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
METHYLENE CHLORIDE See Note 9 34423 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	****	*****	*****	< 6.0	(28)	0	02/30	GR
	PERMIT REQUIREMENT *****	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	****	*****	*****	< 1.0	(28)	0	02/30	GR
	PERMIT REQUIREMENT *****	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 0.35	0.46	(03)	*****	*****	*****	*****		0	99/99	RC
	PERMIT REQUIREMENT REPORT DAILY AV	2.3 DAILY MX	MGD	*****	*****	*****	*****	****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG) See Note 1 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	****	*****	*****	0.0002	(19)	0	02/30	24
	PERMIT REQUIREMENT *****	*****	*****	****	*****	*****	0.0008 DAILY MX	MG/L		ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	****	*****	< 2	< 2	(13)	0	02/30	GR
	PERMIT REQUIREMENT *****	*****	*****	****	*****	200 DAILY AV	400 DAILY MX	#/100ML		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Brookhaven Site Manager Typed or Printed	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)

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 APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFL FROM SFBS. 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)

NY0005835						001 M					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 2.0	(28)	0	02/30	GR
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50 DAILY MX	UG/L		TWICE/MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		> 97	*****	*****	(23)	0	01/30	CA
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		> 82	*****	*****	(23)	1	01/30	CA
81011 K 0 0 See Note 8 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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



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

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

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

NY0005835						001 Q					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT EFFL & STORMWTR  
 \*\*\* 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	MAXIMUM	UNITS			
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 See Note 4 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.065	(28)	0	02/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

Comments and Explanation of any violations (Reference all attachments here)  
 PCB ANALYSIS TO USE EPA METHOD 608 WITH AN MDL GOAL OF 0.065 PPB

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  
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 LOCATION UPTON NY 11973  
 ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835					
Permit Number			002 B		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

MAJOR (SUBR 01)  
 F - FINAL  
 RF(1004) & BRAHMS(1002) BLOWDN  
 \*\*\* 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	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.8	(12)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 See Note 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.0002	(03)	*****	*****	*****		0	04/30	RC
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****			ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE 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  
 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)

NY0005835						002 M					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

MAJOR (SUBR 01)  
 F - FINAL  
 AGS NON-C COOLING,PRCP,ETC (HN)  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	8.2	(12)	0	04/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.025	*****	(03)	*****	*****	*****		0	04/30	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****			ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

NY0005835						002 Q					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

MAJOR (SUBR 01)  
 F - FINAL  
 AGS NON-C COOLG,PRECP ETC (HN)  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALUMINUM, TOTAL (AS AL) 01105 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.67	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0 DAILY MX			QTRLY	GRAB
CHLOROFORM 32106 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50 DAILY MX			QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	7 DAILY MX			QTRLY	GRAB
DICHLOROBROMOMETHANE EFFLUENT 32101 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX			QTRLY	GRAB
1-HYDROXY-ETHYLIDENE 85812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX			QTRLY	GRAB
TOLYTRIAZOLE 85813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX			QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Brookhaven Site Manager Typed or Printed	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)

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.  
 SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM 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)

NY0005835						002 R					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

MAJOR (SUBR 01)  
 F - FINAL  
 RF(1004) & BRAHMS(1002) BLOWDN  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR
85812 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE				****							
TOLYTRIAZOLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR
85813 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE				****							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Mr. Michael Holland</b> Brookhaven Site Manager  Typed or Printed	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Signature of Principal Executive Officer or Authorized Agent	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 THE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE DIRECTED TO THE NEW BASIN.

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)

NY0005835					
Permit Number			005 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

MAJOR (SUBR 01)  
 F - FINAL  
 NSLS COOLING TOWR BLDN ETC (HS)  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	7.8	*****	8.4	(12)	0	04/30	GR
	PERMIT REQUIREMENT	*****	*****		REPORT MINIMUM	*****	8.5 MAXIMUM	SU			
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 5.0	(19)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.10	*****	(03)	*****	*****	*****	****	0	04/30	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

NY0005835					
Permit Number			005 Q		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

005 Q  
 Discharge Number

MAJOR  
 (SUBR 01)  
 F - FINAL

NSLS COOLG TOWR BLOWDN ETC (HS)  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU) See Note 1 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.006	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****		****	*****	*****	1.0			
1-HYDROXY-ETHYLIDENE 85812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 0.05	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****		****	*****	*****	0.5			
TOLYTRIAZOLE 85813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 0.005	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****		****	*****	*****	0.2			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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

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)

NY0005835					
Permit Number			007 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

007 M  
 Discharge Number

MAJOR  
 (SUBR 01)  
 F - FINAL

WATER TREATMENT PLT BKWSH (HX)  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	200000	(07)	*****	*****	*****		0	18/30	IN
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.3	(12)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

NY0005835					
Permit Number			008 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

MAJOR (SUBR 01)  
 F - FINAL  
 STORMWTR RUNOFF WAREHOUSE (HW)  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 2 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	51600	(07)	*****	*****	*****		0	01/30	IN
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.8	(12)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
1,1-DICHLOROETHYLENE 34501 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB
1,1,1-TRICHLOROETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Brookhaven Site Manager Typed or Printed	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)

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)

NY0005835					
Permit Number			008 Q		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

008 Q  
 Discharge Number

MAJOR  
 (SUBR 01)  
 F - FINAL

SW RUNOFF FROM WAREHOUSE AREA  
 \*\*\* 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	MAXIMUM	UNITS				
ALUMINUM, TOTAL (AS AL) See Note 11 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.02	(19)	0	01/90	GR	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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			
Mr. Michael Holland Brookhaven Site Manager											Signature of Principal Executive Officer or Authorized Agent	
Typed or Printed												

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

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)

NY0005835					
Permit Number			010 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30

Discharge Number

MAJOR  
 (SUBR 01)  
 F - FINAL

STORMWTR R O CENTRAL STEAM (H)

\*\*\* No Discharge  \*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 10 00056 1 0 0	EFFLUENT GROSS VALUE	*****		(07)	*****	*****	*****				IN
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
PH 00400 1 0 0	EFFLUENT GROSS VALUE	*****	*****	****		*****		(12)			GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE 00556 1 0 0	EFFLUENT GROSS VALUE	*****	*****	****	*****	*****		(19)			GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Brookhaven Site Manager Typed or Printed	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)

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)

NY0005835						010 Q					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

MAJOR (SUBR 01)  
 F - FINAL  
 SW RUNOFF FROM CENTRAL STM (H)  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU) See Notes 1 & 11 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.003	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB
LEAD, TOTAL (AS PB) See Notes 1 & 11 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.002	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.05 DAILY MX	MG/L		QTRLY	GRAB
VANADIUM, TOTAL (AS V) See Note 11 01087 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.013	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB
ALUMINUM, TOTAL (AS AL) See Note 11 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.15	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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 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)

NY0005835						06A M					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

MAJOR (SUBR 01)  
 F - FINAL  
 LINAC NCCW, FLOOR DNS,ETC (HT1)  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.8	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	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	0.14	*****	(03)	*****	*****	*****		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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 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)

NY0005835						06A Q					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

MAJOR (SUBR 01)  
 F - FINAL  
 LINAC NCCW, FLOOR DNS, SW (HT1)  
 \*\*\* 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	MAXIMUM	UNITS			
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR
85812 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR
85813 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

Comments and Explanation of any violations (Reference all attachments here)  
 NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL.  
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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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)

NY0005835						06B M					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

MAJOR (SUBR 01)  
 F - FINAL  
 COOLING TOWER FROM 919 ETC (HT2)  
 \*\*\* 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	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.7	(12)	0	04/30	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0			ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE				****			MAXIMUM	SU			
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15			ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.043	*****	(03)	*****	*****	*****		0	04/30	RC
50050 1 0 1	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
EFFLUENT GROSS VALUE								****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 LOCATION UPTON NY 11973  
 ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835						06B Q					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
04	04	01	04	06	30						

MAJOR (SUBR 01)  
 F - FINAL  
 COOLG TOWRS 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	MAXIMUM	UNITS			
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR
85812 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE				****							
TOLYTRIAZOLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR
85813 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE				****							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

Comments and Explanation of any violations (Reference all attachments here)  
 NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL.  
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.



**ATTACHMENT II**

**BROOKHAVEN NATIONAL LABORATORY**


**SPDES PERMIT NO. NY0005835**

**DISCHARGE MONITORING REPORT FOR JUNE 2004**


**NON-COMPLIANCE REPORT**

Appendix B

SECTION 1



New York State Department of Environmental Conservation  
Division of Water



**Report of Noncompliance Event**

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

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

SECTION 2

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

Date of noncompliance: 6 / 4 / 04 Location (Outfall) Treatment Unit, or Pump Station): 001

Description of noncompliance(s) and cause(s): Two composite samples collected on June 4 & June 7, 2004, from Outfall 001 effluent for total metals analysis had iron concentrations of 0.87 and 0.40 ppm respectively which exceeded the permit limit of 0.37ppm. In addition the samples had total suspended solids concentrations of 18 & 10ppm respectively. The daily average of 14 ppm exceeds

Has event ceased? ( Yes) (No) If so, when? 6/30/04 Was event due to plant upset? (Yes) ( No) SPDES limits violated? ( Yes) (No)

Start date, time of event: 6 / 4 / 04, 9:45 ( AM) (PM) End date, time of event: 6 / 30 / 04, 10:20 ( AM) (PM)

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

Immediate corrective actions: Upon receipt of analytical results, the data was validated to ensure all results meet the QA requirements. Once confirmed, the sample collection equipment was inspected to ensure proper operation. Inspection showed that the sample collection probe was lying on the bottom of the flow channel and was likely collecting sediment and is the probable cause of the

Preventive (long term) corrective actions: The sample collection equipment will be periodically inspected as part of a routine maintenance plan to ensure proper sample collection.

SECTION 3

Complete this section if event was a bypass:

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

DEC Official contacted:   Date of DEC approval:  / /

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

SECTION 4

Facility Representative:   Title:   Date:  / /   
Phone #: (   )   -   Fax #: (   )   -

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

\_\_\_\_\_  
Signature of Principal Executive Officer or Authorized Agent

the permit limit of 10 ppm and also results in a percent removal of only 82 percent compared with the permit limit of 85 percent. A surveillance sample collected on June 30, 2004, exhibited a total iron concentration of 0.16mg/L (preliminary data from analytical laboratory).

permit exceedances. The probe was reinstalled and suspended above the bottom of the channel.