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

December 16, 2004

New York State Department of Environmental Conservation Division of Water Bureau of Wastewater Facilities Operation 625 Broadway, 4th Floor Albany, NY 12233-3506

Gentlemen:

SUBJECT: State Pollutant Discharge Elimination System (SPDES) NY-0005835 Brookhaven National Laboratory (BNL) Discharge Monitoring Report (DMR) for November 2004

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of November 2004. Severn Trent Laboratories, Inc. (NELAP Certification #11616) performs most of the analyses on SPDES samples, while H2M Labs, Inc. (NELAP Certification #10478) performs the BOD-5, Nitrogen series, and fecal coliform analyses and CHEMTEX Environmental Laboratory, Inc. (NELAP Certification #02077) performs specialty analyses for tolytriazole, hydroxyethilydene diphosphoric acid, and polypropylene glycol monobutyl ether. These laboratories are certified by the New York State Department of Health. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by BNL. Copies of the analytical reports will be retained in our files and will be made available upon request.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations.

Collection and analysis of these samples are performed in accordance with the BNL Quality Assurance (QA) program that specifies the standard operating procedures for collection and analysis of samples, QA data requirements, validation of contractor analytical data, and QA inspections performed periodically on contractor laboratories. All QA data, data validation reports, contractor laboratory assessment and audit reports are available upon request. Based on this information, we believe the values reported on the DMR are representative of the effluent from BNL during the month of November 2004.



If you should have any questions, please contact Marcia Allocco or Robert Lee of my staff at (631) 344-3166 and (631) 344-3148 respectively.

Sincerely,

Original Signed by G. Goode

George A. Goode Environmental & Waste Management Services Division Manager

GAG/MA:car

- Attachment I: Discharge Monitoring Report for November 2004.
- Attachment II: Analytical Results from H2M Labs Inc. and Severn Trent Laboratories, Inc. for samples collected on 11/3/04 and 11/8/04 from Outfall 001 (BNL Use Only).
- Attachment III: Analytical Results from Severn Trent Laboratories for samples collected from Outfalls 002, 002B, 005, 006A, 006B, 008, and 010 (BNL Use Only).
- cc: M. Allocco, w/ all Attachments M. Bebon, w/o Attachments
 S. Dierker, w/ all Attachments
 G. Granzen, w/ all Attachments
 C. Johnson, w/o Attachments
 E. Lessard, w/ all Attachments
 E. Murphy, w/ all Attachments
 A. Santino, SCDHS, w/ Attachment I
 B. Style, w/o Attachments
 D. Van Duyne, w/ all Attachments
- M. Baldwin, w/ all Attachments
 W. Chaloupka, w/ all Attachments
 G. Goode, w/o Attachments
 M. Holland, w/o Attachments
 R. Lee, w/ all Attachments
 D. Lowenstein, w/o Attachments
 V. Radeka, w/ all Attachments
 R. Sorrentino, NYSDEC, w/ Attachment I
 J. Tarpinian, w/o Attachments
 J. Zamirowski, TAS, CH, w/ Attachment I

EC62ER.04

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for November 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.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR NOVEMBER 2004

FOR OUTFALLS NO. 001 – 010

NAME USDOE

ADDRESS	BROOKHAVEN NATIONAL LABORATOR

	DIGOULIATER AREA OFFICE				
	UPTON	NY 11973			
FACILITY	BROOKHAVEN NATION	AL LABORATORY			

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY						· · /	MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835 001 M		(SUBR 01)						
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	, F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			PROCESS	SANIT & ST		F	
LOCATION		NY 11973			From	То		***	No Dischar		****		
ATTN:	MICHAEL HOLLAND, GRO				YR MO DY	YR MO DY				J *			
	,					04 11 30		Note: Read	Instruction	s before co	mpleting this fo	rm	
	PARAMETER	\sum	QUAN	NTITY OR LO			LITY OR CO	DNCENTRAT	ION	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		l
TEMPERA	TURE, WATER	SAMPLE	*****	*****		*****	*****	66	(15)	0	01/01	GR	l
DEG. FAH	RENHEIT	MEASUREMENT						00		0	01/01	GK	l
00011 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	90 DAILY MX	DEG.F		DAILY	GRAB	
BOD, 5-DA	Y	SAMPLE	*****	*****		*****	< 2	< 2	(19)	0	02/30	24	l
(20 DEG. C	;)	MEASUREMENT					< 2	< 2		U	02/30	24	l
00310 1 0	0	PERMIT	*****	*****	****	*****	10	20			ONCE/MONTH	COMP24	l
EFFLUENT	GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		UNCE/WONTH	COWF24	l
PH		SAMPLE MEASUREMENT	*****	*****		6.2	*****	7.1	(12)	0	01/01	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	5.8 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB	
SOLIDS, TO	OTAL	SAMPLE MEASUREMENT	*****	*****		*****	< 1.0	< 1.0	(19)	0	02/30	24	
00530 1 0		PERMIT REQUIREMENT	*****	*****	**** ****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24	
	ETTLEABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
00545 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	0.1 DAILY MX	ML/L		DAILY	GRAB	
NITROGEN		SAMPLE	*****	*****		*****	*****		(19)	_	02/22	0 4	l
(AS N)		MEASUREMENT						3.3		0	02/30	24	l
00600 1 0	0	PERMIT	*****	*****	****	*****	*****	10				COMP24	l
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONCE/MONTH	COIVIP24	l
	I, AMMONIA	SAMPLE	*****	*****		*****	*****	.0.40	(19)	0	02/20	24	l
TOTAL (AS		MEASUREMENT						< 0.10		U	02/30	24	l
00610 1 0	0	PERMIT	*****	*****	****	*****	*****	2			ONCE/MONTH	COMP24	l
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L			COMP24	l
NAME	/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify und	ler penalty of law th	at this document an	nd all attachments we	ere prepared under	my direction					
		or supervision	on in accordance w	rith a system design	ed to assure that qu	alified personnel pr	operly gather				Telep	hone	
	Division Manager and ev		and evaluate	supervision in accordance with a system designed to assure that qualified personnel properly gather d evaluate the information submitted. Based on my inquiry of the person or persons who manage the							631-34	4-4549	
E	nvironmental & Waste Man	agement	system, or those	system, or those persons directly responsible for gathering the information, the information submitted is, to the									
	Services Division		best of my know	wledge and belief, t	rue, accurate, and c	complete. I am awar	e that there are sig	nificant penalties	Signature of Principal Executive Da			Date S	Signed
	Typed or Printed		for submittin	g false information,	including the possib	pliity of fine and impr	isonment for knowi	ng violations.	Office	r 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.

NAME USDOE

ADDRESS	BROOKHAVEN NATIONAL LABORATOR	J

	UPTON	NY 11973			
FACILITY	BROOKHAVEN N	ATIONAL LABORATORY			

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY						· /	MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835 001 M			(SUBR 01)					
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	, F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY						PROCESS SANIT & STORMWTR RNOFF					
LOCATION	UPTON	NY 11973			From	То	1	***	No Dischar	qe	****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY				0			
	,					04 11 30		Note: Read	d Instruction	s before co	mpleting this fo	rm	
	PARAMETER	\sum	QUAN	NTITY OR LO	DADING	QUA	JALITY OR CONCENTRAT		FION NO. EX		FREQUENCY	SAMPLE TYPE	
		$arphi$ \smallsetminus	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PHOSPHO (AS P)	RUS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.5	(19)	0	02/30	24	
00665 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****		*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP24	
CYANIDE, (AS CN)	TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(28)	0	02/30	GR	
00720 1 0	0 F GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****		*****	100 DAILY MX	UG/L		TWICE/MONTH	GRAB	
COPPER, 1 (AS CU)		SAMPLE MEASUREMENT	*****	*****		*****	*****	0.035	(19)	0	02/30	24	
01042 1 0	0 F GROSS VALUE	PERMIT	*****	*****	****		*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24	
IRON, TOT (AS FE)		SAMPLE MEASUREMENT	*****	*****		*****	*****	0.13	(19)	0	02/30	24	
01045 1 0	0 F GROSS VALUE	PERMIT	*****	*****	****	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24	
LEAD, TOT		SAMPLE	*****	*****		*****	*****	0.0030	(19)	0	02/30	24	
01051 1 0	0 F GROSS VALUE	PERMIT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24	
NICKEL, TO		SAMPLE	*****	*****		*****	*****	0.011	(19)	0	02/30	24	
01067 1 0	0 F GROSS VALUE	PERMIT	*****	*****	**** ****	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24	
SILVER, TO		SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0017	(19)	0	02/30	24	
01077 1 0		PERMIT	*****	*****	****	*****	*****	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP24	
	E/TITLE PRINCIPAL EXECU		L cortifu und	ler penalty of law th	at this document on	d all attachments w	are prepared under		1113/L				1
			· ·	rtify under penalty of law that this document and all attachments were prepared under my direction				,				Teler	ohone
			nce with a system designed to assure that qualified personnel properly gather								4-4549		
F	Environmental & Waste Man	agement			tion submitted. Based on my inquiry of the person or persons who manage the rectly responsible for gathering the information, the information submitted is, to the				_			001-04	
	Services Division	agomont				omplete. I am awar			Signatur	e of Princin	al Executive	Date 9	Signed
	Typed or Printed			-		bliity of fine and impr	-		-	r or Authori		Date	
I	Typed of Finited			g raise initititation,	moluumy the possit	and of mile and impr	SOUTHERT TOT KHOWI	ng violations.	Unice		Lou Ayoni		

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.

NAME USDOE

ADDRESS	BROOKHAVEN NATIONAL LABORATOR	J

	Bitooranitelitinatelition				
	UPTON	NY 11973			
FACILITY	BROOKHAVEN NAT	IONAL LABORATORY			

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

ADDRESS BROOKHAVEN		L LABORATORY						、 ,	MAJOR				
BROOKHAVEN	N AREA OFF	FICE			NY0005835		001 M		(SUBR 01)				
UPTON		NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY BROOKHAVEN		L LABORATORY			Monitori	ng Period			PROCESS	SANIT & ST	ORMWTR RNOF	F	
LOCATION UPTON		NY 11973			From	То		***	No Dischar	qe	****		
ATTN: MICHAEL HOL	LAND, GRO	OUP MGR			YR MO DY	YR MO DY				•			
					04 11 01			Note: Read	Instruction	s before co	mpleting this fo	rm	
PARAMETER		\searrow	QUAN	TITY OR LC	ADING	QUA	LITY OR CO	-	-	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
ZINC, TOTAL (AS ZN)		SAMPLE MEASUREMENT	*****	*****		*****	*****	0.07	(19)	0	02/30	24	
01092 1 0 0 EFFLUENT GROSS VALU	UE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	0.1 DAILY MX	MG/L		ONCE/MONTH	COMP24	
TOLUENE		SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	02/30	GR	
34010 1 0 0 EFFLUENT GROSS VALU	UE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB	
METHYLENE CHLORIDE		SAMPLE MEASUREMENT	*****	*****		*****	*****	< 2.5	(28)	0	02/30	GR	
34423 1 0 0 EFFLUENT GROSS VALU	UE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB	
1,1,1-TRICHLORO- ETHANE		SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	02/30	GR	
34506 1 0 0 EFFLUENT GROSS VALU	UE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLAI	NT	SAMPLE MEASUREMENT	0.27	0.32	(03)	*****	*****	*****		0	99/99	RC	
50050 1 0 0 EFFLUENT GROSS VALU	UE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	*****	*****	*****	**** ****		CONTINUOUS	RCORDR	
MERCURY, TOTAL (AS HG) Se	e Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0001	(19)	0	02/30	24	
71900 1 0 0 EFFLUENT GROSS VALU	UE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	0.0008 DAILY MX	MG/L		ONCE/MONTH	COMP24	
COLIFORM, FECAL GENERAL		SAMPLE MEASUREMENT	*****	*****		*****	< 2	< 2	(13)	0	02/30	GR	
74055 1 0 0		PERMIT	*****	*****	****	*****	200	400	#/ 100ML		ONCE/MONTH	GRAB	
EFFLUENT GROSS VALU	UE	REQUIREMENT			****		DAILY AV	DAILY MX				GRAD	l
NAME/TITLE PRINCIP	AL EXECUT	TIVE OFFICER	I certify und	er penalty of law th	at this document an	d all attachments we	ere prepared under	my direction					
Division Manager			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							Telep 631-34	hone 4-4549		
Environmental &	Waste Mana	agement	system, or those	persons directly re	esponsible for gathe	ring the information,	the information sub	omitted is, to the					
Service	es Division		best of my know	ledge and belief, tr	rue, accurate, and c	omplete. I am awar	e that there are sig	nificant penalties	-	-	al Executive	Date S	Signed
Typed	l or Printed		for submitting	false information,	including the possib	liity of fine and impr	isonment for knowi	ng violations.	Office	r or Authori	zed 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.

NAME USDOE

ADDRESS	BROOKHAVEN NATIONAL LABORATOR

	BROOMWREEKOFFICE				
	UPTON	NY 11973			
FACILITY	BROOKHAVEN NATION	AL LABORATORY			

ATTN:	MICHAEL	HOLLAND,	GROUP	MGR
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

ADDRESS	BROOKHAVEN NATION	IAL LABORATORY							MAJOR				
	BROOKHAVEN AREA C	OFFICE			NY0005835		001 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	nber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATION	IAL LABORATORY			Monitori	ng Period			PROCESS	SANIT & ST		=F	
LOCATION	UPTON	NY 11973			From	То		***	** No Discharge ****				
ATTN:	MICHAEL HOLLAND, G	ROUP MGR			YR MO DY	YR MO DY				•			
						04 11 30		Note: Read	d Instruction	s before co	ompleting this fo	rm	
		$\overline{\mathbf{N}}$								NO.	FREQUENCY	SAMPLE	
	PARAMETER	\mid \times	QUAN	NTITY OR LO	JADING	QUA	ALITY OR CO	INCENTRA	ION	EX	OF	TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
2-BUTANO	NE	SAMPLE	*****	*****		*****	*****		(28)	•	00/00		
		MEASUREMENT		*****		*****	*****	< 2.0	. ,	0	02/30	GR	
78356 1 0	0	PERMIT	*****	*****	****	*****	*****	50			71/05/1401/711	0040	
EFFLUENT	GROSS VALUE	REQUIREMENT		*****	****	*****		DAILY MX	UG/L		TWICE/MONTH	GRAB	
	Y PERCENT	SAMPLE	*****	*****		07	*****	*****	(23)	•	0.1/0.0		
REMOVAL		MEASUREMENT		*****		> 97	*****	*****	. ,	0	01/30	CA	
81010 K 0	0	PERMIT	*****	*****	****	85	*****	*****					
PERCENTI	REMOVAL	REQUIREMENT		*****	****	MO AV MN		*****	PERCENT		ONCE/MONTH	CALCTD	
	USPENDED	SAMPLE	*****	*****			*****	*****	(23)	•	04/00		
	REMOVAL	MEASUREMENT		*****		> 99	*****	******	. ,	0	01/30	CA	
81011 K 0	0	PERMIT	*****	*****	****	85	*****	*****					
PERCENT	REMOVAL	REQUIREMENT		*****	****	MO AV MN		*****	PERCENT		ONCE/MONTH	CALCTD	
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
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		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
NAME				ler penalty of law th	hat this document ar	nd all attachments w	ere prepared under	my direction					
	or supervision in accordance w			vith a system design	ed to assure that qu	alified personnel pr	operly gather				Telep		
				submitted. Based on my inquiry of the person or persons who manage the							631-34		
			r responsible for gathering the information, the information submitted is, to the										
	Services Division best of my knowledge and belief, tru			lief, true, accurate, and complete. I am aware that there are significant penalties				Signatur	oal Executive	Date S			
				g false information	, including the possil	bliity of fine and impr	risonment for knowi	ing violations.	Office				

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

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NAME USDOE

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

ADDRESS	BROOKHAVEN NATIONAL	L LABORATORY						、 ,	MAJOR				
	BROOKHAVEN AREA OFI	FICE			NY0005835		002 B		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitori	ng Period			RF (1004) 8	BRAHMS (1002) BLOWDN		
LOCATION	UPTON	NY 11973			From	То	1	***	No Dischar	ge	****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY							
					04 11 01	04 11 30		Note: Read	Instruction	s before co	mpleting this fo	rm	_
	PARAMETER	\searrow	QUAN	ITITY OR LO	DADING	QUA	LITY OR CO	ONCENTRAT	ION	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE MEASUREMENT	*****	*****	(07)	7.1	*****	7.1	(12)	0	01/30	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	GPD	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GRE	EASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.1	(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	*****	0.0035	(03)	*****	*****	*****		0	04/30	RC]
50050 1 0 EFFLUENT	0 0 See Note 3	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	**** ****		ONCE/MONTH	RCORDR	
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		MEASUREMENT PERMIT			1								
		REQUIREMENT											
NAME	E/TITLE PRINCIPAL EXECUT	TIVE OFFICER	I certify und	ler penalty of law th	nat this document an	nd all attachments we	ere prepared under	my direction					
	Division Manager					ed to assure that qua my inquiry of the per							phone 44-4549
E	nvironmental & Waste Man Services Division	agement		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									Signed
	Typed or Printed			g false information,	including the possib	pliity of fine and impr	isonment for knowi	ng violations.	Officer or Authorized Agent				

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

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO

BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCARGE SHOULD BE TO NEW BASIN.

USDOE NAME

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	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			AGS NON-	C COOLNG	PRCP,ETC (HN)		
LOCATION	UPTON	NY 11973			From	То		***	No Dischar		****		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY				•			
	,					04 11 30		Note: Read	d Instruction	ns before co	ompleting this fo	rm	
	PARAMETER	\sum	QUAN	NTITY OR LO	DADING	QUA	ALITY OR CO	ONCENTRA	ΓΙΟΝ	NO. EX	FREQUENCY	SAMPLE TYPE	
		ert \sim	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.4	(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	
	GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
	CONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.19	*****	(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	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty			ler penalty of law th	nat this document an	d all attachments w	ere prepared under	my direction					
or supervision in accordance wit		with a system designed to assure that qualified personnel properly gather ubmitted. Based on my inquiry of the person or persons who manage the					Telepho 631-344-4						
E	Environmental & Waste Management system, or those persons directly res			tly responsible for gathering the information, the information submitted is, to the									
	Services Division best of my knowledge and belief, tr		elief, true, accurate, and complete. I am aware that there are significant penalties				.			Date S			
	Typed or Printed			g false information,	including the possib	liity of fine and impr	isonment for knowi	ing violations.	Office				

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 NATIONA	L LABORATORY						. ,	MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		005 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			NSLS COOLING TOWR BLDN ETC(HS)				
LOCATION	UPTON	NY 11973			From	То		***	No Dischar	ge	****		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY	1			-			
					04 11 01	04 11 30		Note: Read	d Instructior	ns before co	ompleting this fo	rm	_
	PARAMETER	\sum			-	QUA		-	-	NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		
PH		SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.8	(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	0.078	*****	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0 EFFLUENT	1 GROSS VALUE	PERMIT REQUIREMENT	REPORT	*****	MGD	*****	*****	*****	**** ****		ONCE/MONTH	RCORDR	
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											1
		MEASUREMENT											1
		PERMIT]]				
		REQUIREMENT											
		SAMPLE											1
		MEASUREMENT											l
		PERMIT]]				
		REQUIREMENT											
NAME	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify und	ler penalty of law th	at this document an	d all attachments we	ere prepared under	my direction					·
			or supervision	on in accordance w	rith a system designe	ed to assure that qua	alified personnel pr	operly gather				Telep	hone
	Division Manager		and evaluate	e the information su	Ibmitted. Based on I	my inquiry of the per	son or persons whe	o manage the				631-34	4-454
E				ation submitted. Based on my inquiry of the person or persons who manage the rectly responsible for gathering the information, the information submitted is, to the					e				
	Services Division		best of my know	vledge and belief, t	rue, accurate, and c	omplete. I am awar	e that there are sig	nificant penalties	Signatur	e of Princip	pal Executive	Date S	Signe
			for submitting	r submitting false information, including the possibliity of fine and imprisonment for knowing violations.						Officer or Authorized Agent			
	Typed or Printed		4	-	5	· · ·							

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

NAME USDOE

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

ADDRESS	BROOKHAVEN NATIONAL LABORATORY MAJOR												
	BROOKHAVEN AREA OF	FICE			NY0005835		007 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			WATER TR	EATMENT	PLT BKWSH (HX	()	
LOCATION	UPTON	NY 11973			From	То		***	No Dischar		****	,	
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY				•			
	,					04 11 30		Note: Read	Instruction	ns before co	ompleting this fo	rm	
		\smallsetminus	01144							NO.	FREQUENCY	SAMPLE	1
	PARAMETER	\mid \times	QUAN	ITITY OR LO	DADING	QUA	ALITY OR CO	DNCENTRA	ION	EX	OF	TYPE	
		ert	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RAT	ΓE	SAMPLE	*****		(07)	*****	*****	*****			40/00		
		MEASUREMENT	*****	200000		*****	*****	*****		0	18/30	IN	
00056 1 0	0	PERMIT	*****	REPORT		*****	*****	*****					
	GROSS VALUE	REQUIREMENT	*****	DAILY MX	GPD	*****	*****	*****			ONCE/MONTH	INSTAN	
PH		SAMPLE	*****	*****			*****		(12)				
		MEASUREMENT	*****	*****		7.6	*****	7.6	()	0	01/30	GR	
00400 1 0	0	PERMIT	*****	*****	****	REPORT	*****	9.0			ONCE/		
EFFLUENT	GROSS VALUE	REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		MONTH	GRAB	
		SAMPLE					1						
		MEASUREMENT											
		PERMIT			1								
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
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		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
NAME	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			er penalty of law th	at this document an	d all attachments we	ere prepared under	my direction					
	or supervision in accordance w			rith a system designe	ed to assure that qua	alified personnel pr	operly gather			Telep	bhone		
	Division Manager and evaluate the information sub				bmitted. Based on	my inquiry of the per	rson or persons wh	o manage the		631-34	4-454		
				y responsible for gathering the information, the information submitted is, to the									
	Services Division best of my knowledge and belief, tru			elief, true, accurate, and complete. I am aware that there are significant penalties				Signature of Principal Executive			Date S	Signed	
	Typed or Printed			a false information.	including the possib	liity of fine and impr	na violations.	Office					

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)

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY						(,	MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		008 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			STORMWT	RRUNOFF	WAREHOUSE (H	IW)	
LOCATION	UPTON	NY 11973			From	То		***	No Dischar	ge	****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY							
					04 11 01	04 11 30		Note: Read	d Instruction	s before co	mpleting this fo	rm	
	PARAMETER	\sum	QUAN	ITITY OR LC	ADING	QUA	LITY OR CO	-	-	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RAT	E See Note 2	SAMPLE MEASUREMENT	*****	55500	(07)	*****	*****	*****		0	01/30	IN	
00056 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	**** ****		ONCE/MONTH	INSTAN	
PH		SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.8	(12)	0	01/30	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREA	ASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	6.1	(19)	0	01/30	GR	
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****		*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
1,1-DICHLO	ROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	01/30	GR	
34501 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB	
1,1,1-TRICH ETHANE	ILORO-	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	01/30	GR	
34506 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB	
		SAMPLE											
		MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
NAME/	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify und	er penalty of law th	at this document an	d all attachments we	ere prepared under	my direction					
	Division Manager				ith a system designe bmitted. Based on i							Telephone 631-344-4549	
En	Environmental & Waste Management		system, or those persons directly responsible for gathering the information, the information submitted is, to the										
	Services Division		best of my know	rue, accurate, and c	omplete. I am awar	e that there are sig	nificant penalties				Signed		
	Typed or Printed			g false information,	including the possib	liity of fine and impr	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.

NAME USDOE

ADDRESS	BROOKHAVEN NATIONAL LABORATOR

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR			
	BROOKHAVEN AREA OF	FICE			NY0005835		010 M		(SUBR 01)			
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL			
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			STORMWT		RAL STEAM (H)
LOCATION	UPTON	NY 11973			From	То	1	***	No Dischar		****	
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY	1			•		
	,					04 11 30		Note: Read	d Instruction	ns before co	mpleting this fo	rm
	PARAMETER	\sum	QUAN	ITITY OR LO	DADING	QUA	ALITY OR CO	ONCENTRA	ΓΙΟΝ	NO. EX	FREQUENCY	SAMPLE TYPE
		$>$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
FLOW RAT	E See Note 2	SAMPLE MEASUREMENT	*****	21700	(07)	*****	*****	*****		0	01/30	IN
00056 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	**** ****		ONCE/MONTH	INSTAN
PH		SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.5	(12)	0	01/30	GR
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GRE	ASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	3.3	(19)	0	01/30	GR
00556 1 0 EFFLUENT	0 GROSS VALUE	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	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of			ler penalty of law th	nat this document an	d all attachments w	ere prepared under	my direction				
			with a system designed to assure that qualified personnel properly gather submitted. Based on my inquiry of the person or persons who manage the					Telephon 631-344-45				
E	Environmental & Waste Management system, or those persons directly and the system of t		e persons directly r	tly responsible for gathering the information, the information submitted is, to the								
	Services Division best of my knowledge		vledge and belief, t	rue, accurate, and c	omplete. I am awar	e that there are sig	nificant penalties	•			Date S	
	Typed or Printed			g false information,	including the possib	liity of fine and impr	risonment for knowi	ng violations.	Office	er or Authori	ized 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.

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY	MAJOR											
	BROOKHAVEN AREA OF	FICE			NY0005835		06A M		(SUBR 01)					
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL					
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			LINAC NCC					
LOCATION	UPTON	NY 11973			From	То	1	***	No Dischar	ge	****			
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY								
					04 11 01	04 11 30		Note: Read	d Instruction	ns before co	mpleting this fo	rm	_	
	PARAMETER	\sum				QUA				NO. EX	FREQUENCY OF	SAMPLE TYPE		
		$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS			
PH		SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.7	(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		
	CONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.075	*****	(03)	*****	*****	*****		0	04/30	RC		
50050 1 0 EFFLUENT	1 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												
NAME	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify und	ler penalty of law th										
	Division Manager				vith a system designe Ibmitted. Based on I								phone 44-4549	
E	nvironmental & Waste Man Services Division	agement		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										
	Typed or Printed			g false information,	including the possib	bliity of fine and impr	ng violations.	Officer or Authorized Agent						

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

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

FACILITY BROOKHAVEN NATIONAL LABORATORY Monitoring Period COOL	IAL ING TOWR FRO				
FACILITY BROOKHAVEN NATIONAL LABORATORY Monitoring Period COOL	ING TOWR FRO				
		F - FINAL			
		OM 9 <u>19 E</u> TC(HT2)			
LOCATION UPTON NY 11973 From To *** No Dis	scharge	****			
ATTN: MICHAEL HOLLAND, GROUP MGR YR MO DY YR MO DY					
04 11 01 04 11 30 Note: Read Instru	ctions before c	ompleting this fo	orm		
PARAMETER QUANTITY OR LOADING QUALITY OR CONCENTRATION	NO. EX	FREQUENCY OF	SAMPLE TYPE		
AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS	,	ANALYSIS			
PH SAMPLE ****** 7.1 ****** 7.6 (12)	2) 0	04/30	GR		
00400 1 0 0 PERMIT ***** **** **** REPORT ***** 9.0 PEFLUENT GROSS VALUE REQUIREMENT	J	ONCE/MONTH	GRAB		
OIL & GREASE SAMPLE ****** ****** ****** < 5.0 (19))) 0	01/30	GR		
00556 1 0 0 PERMIT ***** ***** ***** ***** ***** ***** ****	/L	ONCE/MONTH	GRAB		
FLOW, IN CONDUIT OR SAMPLE 0.0062 ****** (03) ****** ****** THRU TREATMENT PLANT MEASUREMENT 0.0062 ****** (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					
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					
Division Manager 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			Telepl 631-344		
Environmental & Waste Management system, or those persons directly responsible for gathering the information, the information submitted is, to the					
				ignec	

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.