



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

September 22, 2005

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 August 2005

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of August 2005. General Engineering Laboratories, LLC (ELAP Certification #11501) 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 CHEMTX Environmental Laboratory, Inc. (NELAP Certification #02077) performs specialty analyses for tolytriazole, hydroxyethylidene 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.

With the exception of one excursion for the methylene chloride concentration at Outfall 001, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. With regard to methylene chloride, the sample collected on August 3, 2005, exhibited a methylene chloride concentration of 9.2 µg/L. These values exceed the SPDES permit limit of 5.0 µg/L. Subsequent sampling on August 5, 2005, exhibited a methylene chloride concentration of < 2.0 µg/L. Please see Attachment II for the non-compliance report on this excursion event.

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 August 2005.



If you should have any questions, please contact Jason Remien or Robert Lee of my staff at (631) 344-3477 and (631) 344-3148 respectively.

Sincerely,

Original signed by G. Goode

George A. Goode
Environmental & Waste Management Services
Division Manager

GAG/JR:car

- Attachment I: Discharge Monitoring Report for August 2005.
- Attachment II: Non-Compliance Report for SPDES Excursion at Outfall 001.
- Attachment III: Analytical Results from H2M Labs Inc. and General Engineering Laboratories, LLC for samples collected on 8/3/05 and 8/5/05 from Outfall 001 (BNL Use Only).
- Attachment IV: Analytical Results from General Engineering Laboratories, LLC for samples collected from Outfalls 002, 005, 006A, and 006B (BNL Use Only).

cc: 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
J. Remien, w/ all Attachments
R. Sorrentino, NYSDEC, w/ Attachment I
J. Tarpinian, w/o Attachments
J. Zamirowski, TAS, CH, w/ Attachment I
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
A. Santino, SCDHS, w/ Attachment I
B. Style, w/o Attachments
D. Van Duyne, w/ all Attachments

EC62ER.05

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for August 2005
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. There was no discharge from Outfall 002B, 008, and 010 during this reporting period.
3. The methylene chloride concentration at Outfall 001 was 9.2 µg/L on August 3, 2005. Subsequent sampling on August 5, 2005, exhibited a methylene chloride concentration of < 2.0 µg/L. Please see Attachment II for the Non-Compliance Report.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR AUGUST 2005

FOR OUTFALLS NO. 001 – 010

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

NAME USDOE
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 BROOKHAVEN AREA OFFICE
 UPTON NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 ATTN: MICHAEL HOLLAND, 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	DY	YR	MO	DY	YR	MO	DY	YR	MO	DY
05	08	01	05	08	31						

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	*****	*****		*****	*****	88	(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	*****	*****		7.1	*****	7.8	(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	*****	*****		*****	<0.96	<1.3	(19)	0	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	*****	*****		*****	*****	8.3	(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	*****	*****		*****	*****	0.1	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2 DAILY MX	MG/L		ONCE/MONTH	COMP24

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 631-344-4549
Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized 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.

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME USDOE
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 BROOKHAVEN AREA OFFICE
 UPTON NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 ATTN: MICHAEL HOLLAND, 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	DY	YR	MO	DY	YR	MO	DY	YR	MO	DY
05	08	01	05	08	31						

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

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.5	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN) 00720 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2.50	(28)	0	02/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	100 DAILY MX	UG/L		TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.036	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24
IRON, TOTAL (AS FE) 01045 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.23	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB) See Note 1 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0018	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI) See Note 1 01067 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.013	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG) See Note 1 01077 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0011	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP24

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Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent

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

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APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME USDOE
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 BROOKHAVEN AREA OFFICE
 UPTON NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 ATTN: MICHAEL HOLLAND, 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	DY	YR	MO	DY	YR	MO	DY	YR	MO	DY
05	08	01	05	08	31						

MAJOR (SUBR 01)
 F - FINAL
 PROCESS SANIT & STORMWTR RNOFF
 *** 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	*****	*****	****	*****	*****	0.037	(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	(28)	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
METHYLENE CHLORIDE See Note 3 34423 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	9.2	(28)	1	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	(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	0.57	0.72	(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	*****	*****	****	*****	*****	0.0001	(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 Division Manager Environmental & Waste Management Services Division 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 631-344-4549
		Signature of Principal Executive Officer or Authorized Agent
		Date Signed

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

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 LOCATION UPTON NY 11973
 ATTN: MICHAEL HOLLAND, 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	DY	YR	MO	DY	YR	MO	DY	YR	MO	DY
05	08	01	05	08	31						

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	*****	*****		*****	*****	<5.0	(28)	0	02/30	GR
78356 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50			TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****			DAILY MX	UG/L			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		>97	*****	*****	(23)	0	01/30	CA
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****			ONCE/MONTH	CALCTD
PERCENTREMOVAL				****	MO AV MN			PERCENT			
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		>99	*****	*****	(23)	0	01/30	CA
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****			ONCE/MONTH	CALCTD
PERCENT REMOVAL				****	MO AV MN			PERCENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Division Manager Environmental & Waste Management Services Division 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 631-344-4549
		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 EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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

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

NY0005835						002 B		
Permit Number						Discharge Number		
Monitoring Period								
From			To					
YR	MO	DY	YR	MO	DY			
05	08	01	05	08	31			

MAJOR (SUBR 01)
 F - FINAL
 RF (1004) & BRAHMS (1002) BLOWDN
 *** 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			
PH See Note 2 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	(07)		*****		(12)			GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	GPD	REPORT MINIMUM	*****	9.0	SU		ONCE/MONTH	GRAB
OIL & GREASE See Note 2 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 See Note 2	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				RC
EFFLUENT GROSS VALUE	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Division Manager Environmental & Waste Management Services Division 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 631-344-4549
		Signature of Principal Executive 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, 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: MICHAEL HOLLAND, 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	DY	YR	MO	DY	YR	MO	DY	YR	MO	DY
05	08	01	05	08	31						

MAJOR (SUBR 01)
 F - FINAL
 AGS NON-C COOLNG,PRCP,ETC (HN)
 *** 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			
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	8.0	(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 See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1	(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	0.07	*****	(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										
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	PERMIT REQUIREMENT										

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		Signature of Principal Executive Officer or Authorized Agent

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS. SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

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

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

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

NY0005835						005 M		
Permit Number						Discharge Number		
Monitoring Period								
From			To					
YR	MO	DY	YR	MO	DY			
05	08	01	05	08	31			

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

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.1	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5	SU		ONCE/MONTH	GRAB
OIL & GREASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.1	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY MX		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.01	*****	(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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Division Manager Environmental & Waste Management Services Division 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 631-344-4549
		Signature of Principal Executive Officer or Authorized Agent
		Date Signed

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

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

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

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

NY0005835		007 M	
Permit Number		Discharge Number	
Monitoring Period			
From		To	
YR	MO	DY	YR
MO	DY	YR	MO
05	08	01	05
08	31		

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	SAMPLE MEASUREMENT	*****	240000	(07)	*****	*****	*****		0	9/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****			ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.2	(12)	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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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)

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 UPTON NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 ATTN: MICHAEL HOLLAND, GROUP MGR

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

NY0005835						008 M		
Permit Number						Discharge Number		
Monitoring Period								
From				To				
YR	MO	DY	YR	MO	DY			
05	08	01	05	08	31			

MAJOR (SUBR 01)
 F - FINAL
 STORMWTR RUNOFF WAREHOUSE (HW)
 *** 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			
FLOW RATE See Note 2 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(07)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
PH See Note 2 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE See Note 2 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****		*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
1,1-DICHLOROETHYLENE See Note 2 34501 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB
1,1,1-TRICHLOROETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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		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.

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 LOCATION UPTON NY 11973
 ATTN: MICHAEL HOLLAND, GROUP MGR

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

NY0005835						010 M		
Permit Number						Discharge Number		
Monitoring Period								
From			To					
YR	MO	DY	YR	MO	DY			
05	08	01	05	08	31			

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 2 00056 1 0 0	SAMPLE MEASUREMENT	*****		(07)	*****	*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
PH See Note 2 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE See Note 2 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
EFFLUENT 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										

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 ATTN: MICHAEL HOLLAND, 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	DY	YR	MO	DY			
05	08	01	05	08	31			

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	*****	*****		6.8	*****	8.3	(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	*****	*****		*****	*****	<1.0	(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	0.62	*****	(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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 LOCATION UPTON NY 11973
 ATTN: MICHAEL HOLLAND, 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	DY	YR	MO	DY			
05	08	01	05	08	31			

MAJOR (SUBR 01)
 F - FINAL
 COOLING TOWER FROM 919 ETC(HT2)
 *** No Discharge ***

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	8.2	(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	*****	*****		*****	*****	<0.98	(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	0.01	*****	(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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		Signature of Principal Executive Officer or Authorized Agent
		Date Signed

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

ATTACHMENT II
BROOKHAVEN NATIONAL LABORATORY
SPDES PERMIT NO. NY0005835
DISCHARGE MONITORING REPORT FOR AUGUST 2005
NON-COMPLIANCE REPORT

SECTION 1



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

SECTION 2

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

Date of noncompliance: 8 / 3 / 05 Location (Outfall) Treatment Unit, or Pump Station): 001

Description of noncompliance(s) and cause(s): A grab sample collected on August 3, 2005 from Outfall 001 effluent for volatile organic compound analysis had a methylene chloride concentration of 9.2 ppb, which exceeded the permit limit of 5 ppb. Methylene chloride was not detected in a sample collected on August 5, 2005 above the MDL of 2.0 ppb.

Has event ceased? (Yes) (No) If so, when? 8/5/05 Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

Start date, time of event: 8 / 3 / 05, 1:30 (AM) (PM) End date, time of event: 8 / 5 / 05, 1:20 (AM) (PM)

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

Immediate corrective actions: None. Due to lag time between sample collection, analysis, and receipt of results no immediate actions were possible. All future sample analysis requests associated with SPDS reporting will ask for a 14-day turnaround time.

Preventive (long term) corrective actions: After the August detection of methylene chloride an investigation into the possible source was begun although nothing has been identified to date. Due to elevated detections of common laboratory VOC contaminants in a number of BNL samples in the past, Environmental and Waste Management Services Division (EWMSD) personnel are working to determine
Continued on page attached

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: George Goode Title: Division Manager Date: 9/22/05

Phone #: (631) 344-4549 Fax #: (631) 344-7334

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.

X George Goode

Signature of Principal Executive Officer or Authorized Agent

Preventive Corrective Actions (continued):

if the methylene chloride is present due to either the sampling or analysis process. This includes continuing the collection of quality control samples such as trip blanks, bottle blanks and split sampling between analytical laboratories in addition to modification of laboratory procedures regarding method blanks.

The following are some additional programs, policies, and procedures Brookhaven National Laboratory has in place to prevent future exceedances:

- All sinks at the Laboratory are posted with a sign titled, "Sink Releasable Chemical List", which details what chemicals are permissible for discharge to the sanitary system.
- Environmental staff reviews all experiments to evaluate materials used and proposed disposal practices.
- Any new effluent discharges require evaluation by environmental staff using established procedures specifying release criteria.
- Environmental staff have been requested to conduct a review of all solvent, specifically methylene chloride and acetone, and other bench type chemical use at the Laboratory and ensure the chemical owner is aware that the substance cannot be discharged to the sanitary system.