



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

March 23, 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 February 2005**

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of February 2005. 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 tolyltriazole, 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 four excursions for total nitrogen and ammonia at Outfall 001, maximum pH at Outfall 006A, and Oil & Grease concentration at Outfall 006, review of the analytical data shows that all other parameters met their respective SPDES effluent limitations this reporting period. With regard to total nitrogen, the sample collected on February 7, 2005, exhibited a total nitrogen concentration of 12.7 mg/L, which exceeded the permit limit of 10 mg/L. The sample collected on February 4, 2005, from Outfall 001 exhibited an ammonia concentration of 3.7 mg/L, which exceeded the permit limit of 2 mg/L. The sample collected on February 3, 2005 from Outfall 006B exhibited an Oil & Grease concentration of 15.9 mg/L which exceeded the permit limit of 15.0 mg/L. Finally the sample collected on February 18, 2005 from Outfall 006A exhibited a pH of 9.4 SU which exceed the permit limit of 9.0 SU. Please see Attachment II for the noncompliance reports for these excursions.

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



REGISTERED TO
ISO 14001: 1996



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

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 February 2005.

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 February 2005.

Attachment II: Noncompliance Reports for SPDES Excursions at Outfall 001, Outfall 006A, and Outfall 006B.

Attachment III: Analytical Results from H2M Labs Inc. and Severn Trent Laboratories, Inc. for samples collected on 2/4/05 and 2/7/05 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 Dyne, 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.05

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for February 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. 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. The total nitrogen concentration did not meet the permit limits for the sample collected on February 7, 2005. Please see Attachment II for the Non-Compliance Report.
5. The ammonia concentration did not meet the permit limits for the sample collected on February 4, 2005. Please see Attachment II for the Non-Compliance Report.
6. The Water Treatment Plant backwash system operated through February 9, 2005 before a switch from the western well field to the eastern well field, which does not provide water to the Water Treatment Plant. Attempts to collect the regulatory samples for pH did not start until after the Water Treatment Plant had been shutdown.
7. The pH did not meet the permit limits for the sample collected on February 18, 2005. Please see Attachment II for the Non-Compliance Report.
8. The Oil & Grease concentration did not meet the permit limits for the sample collected on February 3, 2005. Please see Attachment II for the Non-Compliance Report.
9. The reported average flow was calculated based on the height of water and type and size of the flume due to a malfunction in the flow monitoring equipment during the month.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR FEBRUARY 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	02	01	05	02	28						

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	*****	*****		*****	*****	50	(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	*****	*****		6.6	*****	7.3	(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	*****	*****		*****	< 1.0	< 1.0	(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) See Note 4 00600 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	13	(19)	1	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	MG/L		ONCE/MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N) See Note 5 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	4	(19)	1	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2 DAILY MX	MG/L		ONCE/MONTH	COMP24

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)

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	02	01	05	02	28						

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	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.7	(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	*****	*****		*****	*****	< 5.0	(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	*****	*****		*****	*****	0.040	(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	*****	*****		*****	*****	0.14	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB) 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.003	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI) 01067 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.026	(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

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		Signature of Principal Executive Officer or Authorized Agent
Typed or Printed		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 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	02	01	05	02	28						

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	*****	*****	****	*****	*****	0.08	(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 34423 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 2.5	(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	0.25	0.35	(03)	*****	*****	*****		0	99/99	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.00008	(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
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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						001 M					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DY	YR	MO	DY	YR	MO	DY	YR	MO	DY
05	02	01	05	02	28						

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			
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 2.0	(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	*****	*****		> 95	*****	*****	(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
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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 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	YR	MO	DY	YR	MO	DY
05	02	01	05	02	28						

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	SAMPLE MEASUREMENT	*****	*****	(07)	8.3	*****	8.9	(12)	0	02/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	GPD	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	*****	0.11	(03)	*****	*****	*****		0	04/30	RC
50050 1 0 0 See Note 3 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	02	01	05	02	28						

MAJOR (SUBR 01)
 F - FINAL
 AGS NON-C COOLNG,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	SAMPLE MEASUREMENT	*****	*****		7.0	*****	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	*****	*****		*****	*****	< 5.0	(19)	0	02/30	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	0.12	*****	(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. 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	YR	MO	DY	YR	MO	DY
05	02	01	05	02	28						

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	SAMPLE MEASUREMENT	*****	*****		7.2	*****	8.4	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	02/30	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	0.17	*****	(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

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 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: 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	DAY	YR
05	02	01	05
02	01	05	02
28			

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	*****	200000	(07)	*****	*****	*****		0	07/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****			ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			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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		Signature of Principal Executive Officer or Authorized Agent
		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)

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 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						008 M					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DY	YR	MO	DY	YR	MO	DY	YR	MO	DY
05	02	01	05	02	28						

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	*****	31000	(07)	*****	*****	*****		0	01/30	IN
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.6	(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	*****	*****		*****	*****	4.8	(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-TRICHLORO-ETHANE 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										

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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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 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						010 M					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DY	YR	MO	DY	YR	MO	DY	YR	MO	DY
05	02	01	05	02	28						

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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	40000	(07)	*****	*****	*****		0	01/30	IN
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	7.4	*****	7.4	(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
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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 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						06A M					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DY	YR	MO	DY	YR	MO	DY	YR	MO	DY
05	02	01	05	02	28						

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 See Note 7 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.2	*****	9.4	(12)	1	04/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0			ONCE/MONTH	GRAB
OIL & GREASE See Note 1 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	3.2	(19)	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15			ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.088	*****	(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										

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 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						06B M					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DY	YR	MO	DY	YR	MO	DY	YR	MO	DY
05	02	01	05	02	28						

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	*****	*****		7.3	*****	8.4	(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 8	SAMPLE MEASUREMENT	*****	*****		*****	*****	16	(19)	1	02/30	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	0.012	*****	(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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		Date Signed

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 SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

ATTACHMENT II

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR FEBRUARY 2005

NONCOMPLIANCE REPORTS

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: US Department of Energy/Brookhaven National Laboratory

Date of noncompliance: 2 / 3 / 05 Location (Outfall) Treatment Unit, or Pump Station): 006B

Description of noncompliance(s) and cause(s): A grab sample was collected on February 3, 2005 from Outfall 006B that had an Oil & Grease concentrations of 15.9 mg/L which exceeds the permit limit of 15.0 mg/L.

Has event ceased? (Yes) (No) If so, when? 2/28/05 Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

Start date, time of event: 2 / 3 / 05, 9 : 37 (AM) (PM) End date, time of event: 2/28 / 05, 3 : 58 (AM) (PM)

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

Immediate corrective actions: Upon receipt of the analytical results the data was validated to ensure all results met the QA requirements. Additional samples were collected from outfall and others sampled on the original sample date. The Oil & Grease concentration on February 28, 2005 for Outfall 006B was 3.3 mg/L.

Preventive (long term) corrective actions: The discharge to Outfall 006B is currently comprised of mainly stormwater runoff. All cooling towers and once through cooling water systems that discharge to this outfall are not in use. Due to the low volume of water discharged (primarily snow melt), the cause is runoff from parking lot discharges. The Laboratory is currently looking at ways to reduce incidental parking lot spillage in order to reduce oil discharges to recharge basins.

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 A. Goode Title: Division Manager Date: 3 / 24 / 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

Signature of Principal Executive Officer or Authorized Agent

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

SECTION 2

SPDES #: NY-0005835 Facility: U.S. Department of Energy/Brookhaven National Laboratory
Date of noncompliance: 2 / 18 / 05 Location (Outfall, Treatment Unit, or Pump Station): 006A

Description of noncompliance(s) and cause(s): A grab sample was collected on February 18, 2005 from Outfall 006A that had a pH of 9.39 SU which exceeds the permit limit of 9.0 SU. The pH was checked 40 minutes later and it was 9.43 SU.

Has event ceased? (Yes) (No) If so, when? 2/18/05 Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

Start date, time of event: 2 / 18 / 05, 1 : 58 (AM) (PM) End date, time of event: 2 / 18 / 05, 5 : 00 (AM) (PM)

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

Immediate corrective actions: Upon discovery of the elevated pH at Outfall 006A an investigation into the source was initiated. The discharge to this outfall is mainly non-contact cooling water. Therefore, personnel in the Collider Accelerator Department (CAD) water group checked the cooling tower discharging to this Outfall for possible chemical overdose. Follow-up with CAD (see attached sheet for the rest of the Immediate Corrective Actions info)

Preventive (long term) corrective actions: The Standard Operating Procedures for the Water Treatment Facility will be reviewed to improve communication during abnormal occurrences and to address caustic additions when the eastern well field is in use to prevent occurrences of this nature in the future.

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 A. Goode Title: Division Manager Date: 3 / 24 / 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 A. Goode

Signature of Principal Executive
Officer or Authorized Agent

Immediate Corrective Actions for noncompliance of Outfall 006A continued:

Showed no problems with chemical additions to the tower. The pH of potable water within Bldg. 930 (closest building) was 9.4 SU and pH of the cooling tower basin water was 8.8 SU. Personnel at the Potable Water Treatment Facility were contacted who stated that there was an elevated pH in the system but the problem was thought to be under control. Due to sampling requirements in the Laboratory's RCRA permit, the source water was switched from the western to the eastern well field. The eastern well field uses caustic addition to adjust the pH of the potable water to approximately 7.5 – 8.0 SU. Upon this discovery, actions were taken to flush the system and the pH as tested in several buildings at 5:00 pm on February 18, 2005 was 7.6 SU.

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

SECTION 2

SPDES #: NY-0005835 Facility: US Department of Energy/Brookhaven National Laboratory

Date of noncompliance: 2 / 4 / 05 Location (Outfall, Treatment Unit, or Pump Station): 001

Description of noncompliance(s) and cause(s): A 24-hour composite sample was collected on February 4, 2005 from Outfall 001 that had an ammonia concentration of 3.7 mg/L, which exceeds the permit limit of 2 mg/L. The composite sample collected on February 7, 2005 had an ammonia concentration of 1.1 mg/L.

Has event ceased? (Yes) (No) If so, when? 2/7/05 Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

Start date, time of event: 2 / 4 / 05, 10:40 (AM) (PM) End date, time of event: 2 / 7 / 05, 11 00 (AM) (PM)

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

Immediate corrective actions: None. Due to the lag time between sample collection, analysis, and receipt of results no immediate actions were possible.

Preventive (long term) corrective actions: Since the compliance sample collected on February 7, 2005 was within the permit limits for ammonia this is being considered a one-time excursion. The operating logs were reviewed and personnel at the Sewage Treatment Plant were interviewed to determine the cause of the elevated ammonia. No abnormal conditions were found. The Sewage Treatment Plant operators will be monitoring the treatment processes closely to prevent further exceedances.

SECTION 3

Complete this section if event was a bypass:

Bypass amount: / / / / Was prior DEC authorization received for this event? (Yes) (No) (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 A. Goode Title: Division Manager Date: 3/24/05

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 A. Goode

Signature of Principal Executive Officer or Authorized Agent

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

SECTION 2

SPDES #: NY-0005835 Facility: US Department of Energy/Brookhaven National Laboratory

Date of noncompliance: 2 / 7 / 05 Location (Outfall) Treatment Unit, or Pump Station): 001

Description of noncompliance(s) and cause(s): A 24-hour composite sample was collected on February 7, 2005 from Outfall 001 that had a total nitrogen concentration of 12.7 mg/L, which exceeds the permit limit of 10 mg/L. Samples collected by the NYSDEC on February 8 had similar results of 11.3 mg/L. The composite samples collected on March 7 and 9, 2005 had total nitrogen concentrations of 13.3 and 9.3 mg/L respectively.

Has event ceased? (Yes) (No) If so, when? 3/9/05 Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

Start date, time of event: 2 / 7 / 05, 11:00 (AM) (PM) End date, time of event: 3 / 9 / 05, 10:00 (AM) (PM)

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

Immediate corrective actions: None. Due to the lag time between sample collection, analysis, and receipt of results no immediate actions were possible. Analysis of the March SPDES samples was expedited to evaluate nitrogen levels for the month of March.

Preventive (long term) corrective actions: Periodic episodes of high nitrogen levels are being evaluated. Samples collected over the weekend (i.e., Sunday morning to Monday morning) are higher in total nitrogen than weekday results. Numerous additional samples are being collected through March for evaluation of cause. Potential contributing factors include reduced metabolic activity of activated sludge due to colder weather and reduced flow rates. Sample collection points

(see attached sheet for the rest of the Preventative Corrective Actions info)

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 A. Goode Title: Division Manager Date: 3 / 24 / 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 A. Goode

Signature of Principal Executive Officer or Authorized Agent

Immediate Corrective Actions for noncompliance of Outfall 001 continued:

are being established at the plant influent, effluent from the primary clarifier, effluent from the secondary clarifiers, and the final point of discharge to establish a nitrogen concentration profile across the plant.