



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

November 18, 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 October 2005**

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of October 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 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.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. 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 October 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 R. Lee for
G. Goode**

George A. Goode
Environmental & Waste Management Services
Division Manager

GAG/JR: car

Attachment I: Discharge Monitoring Report for October 2005.

Attachment II: Analytical Results from H2M Labs Inc. and General Engineering Laboratories, LLC for samples collected on 10/3/05 and 10/5/05 from Outfall 001 (BNL Use Only).

Attachment III: Analytical Results from General Engineering Laboratories, LLC for samples collected from Outfalls 002, 002B, 005, 006A, 006B, 008, and 010 (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

File: EC62ER.05

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

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR OCTOBER 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 | 10 | 01 | 05 | 10 | 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 | ***** | ***** | | ***** | ***** | 77 | (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 | ***** | ***** | | 7.0 | ***** | 7.5 | (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 | ***** | ***** | | ***** | <1.3 | <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 | ***** | ***** | | ***** | ***** | 6.8 | (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 George A. Goode 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 | 10 | 01 | 05 | 10 | 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 | | | |
| 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 | ***** | ***** | | ***** | ***** | <2.5 | (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 | ***** | ***** | | ***** | ***** | 0.045 | (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 | ***** | ***** | | ***** | ***** | 0.15 | (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 | ***** | ***** | | ***** | ***** | 0.0013 | (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 | ***** | ***** | | ***** | ***** | 0.018 | (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 | ***** | ***** | | ***** | ***** | 0.0024 | (19) | 0 | 02/30 | 24 |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | | ***** | 0.015 DAILY MX | MG/L | | ONCE/MONTH | COMP24 |

| | | |
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| 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 |
| George A. Goode 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 | 10 | 01 | 05 | 10 | 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 | | | |
| 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 | (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 | ***** | ***** | **** | ***** | ***** | <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 | 0.32 | 0.37 | (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 | ***** | ***** | **** | ***** | ***** | <0.00005 | (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 George A. Goode 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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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 | 10 | 01 | 05 | 10 | 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 | (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 | ***** | ***** | | >91 | ***** | ***** | (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 | ***** | ***** | | >96 | ***** | ***** | (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 | | | | | | | | | | |

| | | |
|--|---|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode 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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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 | 10 | 01 | 05 | 10 | 31 | | | | | | |

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

Note: Read Instructions before completing this form

| PARAMETER | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|-----------------|--------------|--------------------------|---------|----------------|--------------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | (07) | 8.8 | ***** | 8.8 | (12) | 0 | 01/30 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | GPD | REPORT MINIMUM | ***** | 9.0 MAXIMUM | SU | | ONCE/MONTH | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | <0.99 | (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 | ***** | 0.002 | (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 | | | | | | | | | | |
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| | | |
|--|---|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode 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 | 10 | 01 | 05 | 10 | 31 | | | | | | |

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 | ***** | ***** | | 7.3 | ***** | 7.6 | (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 | ***** | ***** | | ***** | ***** | <0.96 | (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 | 0.36 | ***** | (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 George A. Goode 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)

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 | 10 | 01 | 05 | 10 | 31 | | | |

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 | ***** | ***** | | 7.3 | ***** | 7.6 | (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 | ***** | ***** | | ***** | ***** | <0.99 | (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 | 0.48 | ***** | (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 George A. Goode 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)
 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 | DAY | YR |
| 05 | 10 | 01 | 05 |
| MO | DAY | YR | MO |
| 10 | 31 | 05 | 10 |

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 | ***** | 320000 | (07) | ***** | ***** | ***** | | 0 | 19/30 | IN |
| 00056 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | REPORT DAILY MX | GPD | ***** | ***** | ***** | | | ONCE/MONTH | INSTAN |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.9 | ***** | 6.9 | (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 | | | | | | | | | | |

| | | |
|--|---|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode 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)

SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

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

NAME U S D O E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 BROOKHAVEN AREA OFFICE
 UPTON NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 ATTN: 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 | 10 | 01 | 05 | 10 | 31 | | | |

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 | ***** | 260000 | (07) | ***** | ***** | ***** | | 0 | 01/30 | IN |
| | | ***** | REPORT DAILY MX | GPD | ***** | ***** | ***** | **** | | ONCE/MONTH | INSTAN |
| PH 00400 1 0 0 | EFFLUENT GROSS VALUE | ***** | ***** | **** | 7.2 | ***** | 7.2 | (12) | 0 | 01/30 | GR |
| | | ***** | ***** | **** | REPORT MINIMUM | ***** | 8.5 MAXIMUM | SU | | ONCE/MONTH | GRAB |
| OIL & GREASE 00556 1 0 0 | EFFLUENT GROSS VALUE | ***** | ***** | **** | ***** | ***** | <0.93 | (19) | 0 | 01/30 | GR |
| | | ***** | ***** | **** | | ***** | 15 DAILY MX | MG/L | | ONCE/MONTH | GRAB |
| 1,1-DICHLOROETHYLENE 34501 1 0 0 | EFFLUENT GROSS VALUE | ***** | ***** | **** | ***** | ***** | <1 | (28) | 0 | 01/30 | GR |
| | | ***** | ***** | **** | ***** | ***** | 5 DAILY MX | UG/L | | ONCE/MONTH | GRAB |
| 1,1,1-TRICHLOROETHANE 34506 1 0 0 | EFFLUENT GROSS VALUE | ***** | ***** | **** | ***** | ***** | <1 | (28) | 0 | 01/30 | GR |
| | | ***** | ***** | **** | ***** | ***** | 5 DAILY MX | UG/L | | ONCE/MONTH | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | |
|--|---|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode 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)

PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING A STORM EVENT. (IF NO DISCHARGE, ENTER AN "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

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

NAME U S D O E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 BROOKHAVEN AREA OFFICE
 UPTON NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 ATTN: 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 | 10 | 01 | 05 | 10 | 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 | EFFLUENT GROSS VALUE | ***** | 286000 | (07) | ***** | ***** | ***** | | 0 | 01-30 | IN |
| | | ***** | REPORT DAILY MX | GPD | ***** | ***** | ***** | **** | | ONCE/MONTH | INSTAN |
| PH 00400 1 0 0 | EFFLUENT GROSS VALUE | ***** | ***** | **** | 7.3 | ***** | 7.3 | (12) | 0 | 01/30 | GR |
| | | ***** | ***** | **** | REPORT MINIMUM | ***** | 8.5 MAXIMUM | SU | | ONCE/MONTH | GRAB |
| OIL & GREASE 00556 1 0 0 | EFFLUENT GROSS VALUE | ***** | ***** | **** | ***** | ***** | <0.93 | (19) | 0 | 01/30 | GR |
| | | ***** | ***** | **** | ***** | ***** | 15 DAILY MX | MG/L | | ONCE/MONTH | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | |
|--|---|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode 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)

PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING A STORM EVENT. (IF NO DISCHARGE, ENTER AN "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

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

NAME U S D O E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 BROOKHAVEN AREA OFFICE
 UPTON NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 ATTN: 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 | 10 | 01 | 05 | 10 | 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 | ***** | ***** | | 7.4 | ***** | 7.7 | (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 | ***** | ***** | | ***** | ***** | <1.02 | (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 | 0.31 | ***** | (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 George A. Goode 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)
 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 | | | | | | 06B M | | |
| Permit Number | | | | | | Discharge Number | | |
| Monitoring Period | | | | | | | | |
| From | | | To | | | | | |
| YR | MO | DY | YR | MO | DY | | | |
| 05 | 10 | 01 | 05 | 10 | 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 | ***** | ***** | | 7.4 | ***** | 7.7 | (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 | ***** | ***** | | ***** | ***** | <1.01 | (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 | 0.38 | ***** | (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 | | | | | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

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| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode 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.