



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

October 20, 2005

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

Gentlemen:

**SUBJECT: State Pollutant Discharge Elimination System (SPDES) NY-0005835  
Brookhaven National Laboratory (BNL) Discharge Monitoring Report (DMR)  
for September 2005**

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of September 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 diphosphonic acid, and polypropylene glycol monobutyl ether. These laboratories are certified by the New York State Department of Health. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by BNL. Copies of the analytical reports will be retained in our files and will be made available upon request.

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

Collection and analysis of these samples are performed in accordance with the BNL Quality Assurance (QA) program that specifies the standard operating procedures for collection and analysis of samples, QA data requirements, validation of contractor analytical data, and QA inspections performed periodically on contractor laboratories. All QA data, data validation reports, contractor laboratory assessment and audit reports are available upon request. Based on this information, we believe the values reported on the DMR are representative of the effluent from BNL during the month of September 2005.



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

Sincerely,

**Original signed by G. Goode**

George A. Goode  
Environmental & Waste Management Services  
Division Manager

GAG/JR: car

Attachment I: Discharge Monitoring Report for September 2005.

Attachment II: Analytical Results from H2M Labs Inc. and General Engineering Laboratories, LLC for samples collected on 9/7/05, 9/9/05, and 9/12/05 from Outfall 001 (BNL Use Only).

Attachment III: Analytical Results from General Engineering Laboratories, LLC and CHEMTEX Environmental Laboratory, Inc. for samples collected from Outfalls 001A, 001B, 001F, 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

EC62ER.05

**Brookhaven National Laboratory**  
**SPDES Permit No. NY0005835**  
**Discharge Monitoring Report for September 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. PCBs were not detected above the detection limit for any congener. Total PCBs have been reported as less than the maximum of the individual detection limits achieved. Although BNL requested an MDL of 0.065 µg/L, the analytical laboratory incorrectly logged in the PCB samples with a higher MDL than requested for two out of three of the samples collected. Therefore the 0.065 µg/L MDL for all samples could not be met.
5. Two individual photographic processors had generated photographic rinse waters discharged from Building 197B. However, in late 2003 the photographic processors were shutdown resulting in no discharge from Outfall 001D for this time period.
6. There was no discharge from Outfall 001E during this reporting period.

**ATTACHMENT I**

**BROOKHAVEN NATIONAL LABORATORY**

**SPDES PERMIT NO. NY0005835**

**DISCHARGE MONITORING REPORT FOR SEPTEMBER 2005**

**FOR OUTFALLS NO. 001 – 010**

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

NAME U S D O E  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 BROOKHAVEN AREA OFFICE  
 UPTON NY 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 Permit Number						001 A Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30						

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE 00056 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1600	*****	(07)	*****	*****	*****		0	03/90	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	*****	**** GPD	*****	*****				QTRLY	RCORDR
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.3	*****	6.3	(12)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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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					
Permit Number			001 B		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE 00056 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	80	*****	(07)	*****	*****	*****		0	01/90	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4	(12)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB
CHROMIUM, TOTAL (AS CR) See Note 1 01034 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	5.5	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	74	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	160	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
MANGANESE, TOTAL (AS MN) 01055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
NICKEL, TOTAL (AS NI) See Note 1 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.5	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB

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

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

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

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

NY0005835					
Permit Number			001 B		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30

Discharge Number

MAJOR (SUBR 01)  
 F - FINAL

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) See Note 1 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	11.4	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE See Note 1 39100 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	3.1	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
DI-N-BUTYL PHTHALATE 39110 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	<10.3	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****		(28)			GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****		(28)			GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****		(28)			GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****		(28)			GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB

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		Date Signed

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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					
Permit Number			001 D		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30

MAJOR (SUBR 01)  
 F - FINAL  
 PHOTOPROCESSNG RINSE FROM 197B  
 \*\*\* No Discharge  \*\*\*\*  
 Note: Read Instructions before completing this form

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

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

Comments and Explanation of any violations (Reference all attachments here)  
 NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS



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

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

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

NY0005835 Permit Number						001 E Discharge Number		
Monitoring Period								
From			To					
YR	MO	DAY	YR	MO	DAY			
05	07	01	05	09	30			

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 6 00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR
PH See Note 6 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

NY0005835						001 F					
Permit Number						Discharge Number					
Monitoring Period											
From						To					
YR	MO	DAY	YR	MO	DAY	YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30						

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE 00056 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4000	*****	(07)	*****	*****	*****		0	03/90	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.9	*****	7.9	(12)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB
PROPYLENE GLYCOL MONOBUTYL ETHER 49875 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 500	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

Comments and Explanation of any violations (Reference all attachments here)  
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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

NY0005835					
Permit Number			001 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	09	01	05	09	30

Discharge Number	
001 M	

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

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	82	(15)	0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	90 DAILY MX	DEG.F		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	< 2	< 2	(19)	0	03/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.5	(12)	0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	****	5.8 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.57	<0.59	(19)	0	03/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SOLIDS, SETTLEABLE 00545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	(25)	0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	ML/L		DAILY	GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	7.1	(19)	0	03/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	(19)	0	03/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division		Date Signed
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 SFBS. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

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

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

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

NY0005835					
Permit Number			001 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	1.4	(19)	0	03/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN) See Note 1 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	3.7	(28)	0	03/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	100 DAILY MX	UG/L		TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.039	(19)	0	03/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.11	(19)	0	03/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB) See Note 1 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.0011	(19)	0	03/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI) See Note 1 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.013	(19)	0	03/30	24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG) See Note 1 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.002	(19)	0	03/30	24
	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 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 EXFILTRATION FROM SFBS. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

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

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

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

NY0005835					
Permit Number			001 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	09	01	05	09	30

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.06	(19)	0	03/30	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	03/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
METHYLENE CHLORIDE 34423 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	<2	(28)	0	03/30	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	03/30	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	0.44	0.54	(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	*****	*****	****	*****	*****	<0.0001	(19)	0	03/30	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	03/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 DAILY AV	400 DAILY MX	#/100ML		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent

Comments and Explanation of any violations (Reference all attachments here)  
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.  
 APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

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

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

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

NY0005835					
Permit Number			001 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	09	01	05	07	30

Discharge Number	
001 M	

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(28)	0	03/30	GR
78356 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50 DAILY MX	UG/L		TWICE/MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		> 92	*****	*****	(23)	0	01/30	CA
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		> 99	*****	*****	(23)	0	01/30	CA
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent

Comments and Explanation of any violations (Reference all attachments here)  
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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					
Permit Number			001 Q		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30

Discharge Number	
001 Q	

MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT EFFL & STORMWTR  
 \*\*\* 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			
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 See Note 4 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.53	(28)	0	03/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent

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

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

NAME U S D O E  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 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					
Permit Number			002 B		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	09	01	05	09	30

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.7	(12)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	6.6	(19)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 See Note 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.0011	(03)	*****	*****	*****		0	04/30	RC
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****			ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent

Comments and Explanation of any violations (Reference all attachments here)  
 DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE TO NEW BASIN.



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

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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					
Permit Number					
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	09	01	05	09	30

002 M
Discharge Number

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.3	*****	8.1	(12)	0	04/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.94	(19)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.041	*****	(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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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)  
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS. SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCTION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

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

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

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

NY0005835					
Permit Number			002 Q		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALUMINUM, TOTAL (AS AL) 01105 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	<0.07	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB
DICHLOROBROMOMETHANE EFFLUENT 32101 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 1.0	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50 DAILY MX	UG/L		QTRLY	GRAB
CHLOROFORM EFFLUENT GROSS VALUE 32106 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 1	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	7 DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE EFFLUENT GROSS VALUE 34506 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 1	(28)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		QTRLY	GRAB
1-HYDROXY-ETHYLIDENE EFFLUENT GROSS VALUE 85812 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 0.05	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE EFFLUENT GROSS VALUE 85813 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 0.005	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent

Comments and Explanation of any violations (Reference all attachments here)  
 NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.  
 SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR DETECTOR.

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

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

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

NY0005835					
Permit Number			002 R		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30

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

Note: Read Instructions before completing this form

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division		Date Signed
Typed or Printed		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 THE ROADWAY THAT IS INSIDE RHC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE DIRECTED TO THE NEW BASIN.

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

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

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

NY0005835					
Permit Number			005 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	09	01	05	09	30

005 M	
Discharge Number	

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.5	*****	8.1	(12)	0	04/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.96	(19)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.10	*****	(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										

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent	Date Signed

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

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

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

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

NY0005835					
Permit Number			005 Q		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU) See Note 1 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.004	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB
1-HYDROXY-ETHYLIDENE 85812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 0.05	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE 85813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	< 0.005	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent

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

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

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

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

NY0005835					
Permit Number			007 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	09	01	05	09	30

MAJOR (SUBR 01)  
 F - FINAL  
 WATER TREATMENT PLT BKWSH (HX)  
 \*\*\* No Discharge  \*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	240000	(07)	*****	*****	*****		0	09/30	IN
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.3	(12)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent

Comments and Explanation of any violations (Reference all attachments here)  
 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					
Permit Number			008 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	09	01	05	09	30

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 2 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	1000500	(07)	*****	*****	*****		0	01/30	IN
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	7.8	*****	7.8	(12)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE See Note 1 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	1.4	(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	*****	*****	****	*****	*****	<0.5	(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	*****	*****	****	*****	*****	<0.5	(28)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent

Comments and Explanation of any violations (Reference all attachments here)  
 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					
Permit Number					
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30

008 Q	
Discharge Number	

MAJOR (SUBR 01)  
 F - FINAL  
 SW RUNOFF FROM WAREHOUSE AREA  
 \*\*\* No Discharge  \*\*\*\*

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALUMINUM, DISSOLVED (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	<0.07	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent
		Date Signed

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



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

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

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

NY0005835					
Permit Number			010 M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	09	01	05	09	30

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	*****	61900	(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	SU		ONCE/MONTH	GRAB
OIL & GREASE See Note 1 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.4	(19)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY MX		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

Comments and Explanation of any violations (Reference all attachments here)  
 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 Q		
Permit Number						Discharge Number		
Monitoring Period								
From				To				
YR	MO	DAY	YR	MO	DAY			
05	07	01	05	09	30			

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

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, DISSOLVED (AS CU) See Note 1 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.01	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB
LEAD, DISSOLVED (AS PB) See Note 1 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.0008	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.05 DAILY MX	MG/L		QTRLY	GRAB
VANADIUM, DISSOLVED (AS V) See Note 1 01087 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.019	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB
ALUMINUM, DISSOLVED (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	<0.07	(19)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB
	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)

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					
Permit Number			06A M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	09	01	05	09	30

06A M	
Discharge Number	

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 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.6	(12)	0	04/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.94	(19)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.65	*****	(03)	*****	*****	*****		0	04/30	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-4549
Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent

Comments and Explanation of any violations (Reference all attachments here)  
 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					
Permit Number			06A Q		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30

06A Q	
Discharge Number	

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

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

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

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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					
Permit Number			06B M		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	09	01	05	09	30

06B M	
Discharge Number	

MAJOR (SUBR 01)  
 F - FINAL  
 COOLING TOWR 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 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.0	*****	8.0	(12)	0	04/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE See Note 1 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.4	(19)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.01	*****	(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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Division Manager Environmental & Waste Management Services Division Typed or Printed		Signature of Principal Executive Officer or Authorized Agent	Date Signed

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

NY0005835					
Permit Number			06B Q		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
05	07	01	05	09	30

06B Q	
Discharge Number	

MAJOR (SUBR 01)  
 F - FINAL  
 COOLG TOWRS FROM 919 ETC (HT2)  
 \*\*\* No Discharge  \*\*\*

Note: Read Instructions before completing this form

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