Environmental Services Division

BROOKHAVEN
NATIONAL LABORATORY

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P.O. Box 5000
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zimmerman@bnl.gov

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

www.bnl.gov

September 22, 2000

Mr. Frank Crescenzo
Acting Brookhaven Group Manager
U. S. Department of Energy
Brookhaven Group
Upton, NY 11973

Dear Mr. Crescenzo:

SUBJECT: **NPDES - Discharge Monitoring Report (DMR) for August 2000**
REFERENCE: **Letter from Scott Mallette to K. Brog dated August 30, 2000**

Included as Attachment I, please find the DMR for the month of August 2000. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by either the Plant Engineering Division, Sewage Treatment Plant (STP) Operators or Environmental Services Division, Field Sampling Team.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages.

In follow-up to the permit excursions experienced in May (zinc) and June (iron and perchloroethylene) an investigation report has been prepared and in included as Attachment IV. This investigation included a review of facility operations, chemical use records, and discussions with senior Department/Division managers and staff.

Collection and analysis of these samples are performed in accordance with the guidelines of the BNL Quality Assurance (QA) program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. All samples are collected by BNL personnel. A QA inspection is performed periodically on contractor laboratories. The QA documentation is available from the Environmental Services Division (ESD) and Plant Engineering (PE) Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of August 2000.

Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than September 28, 2000.

If there are any questions regarding the information contained on the DMR or the analytical data packages, please do not hesitate to contact R. Lee (ESD) at extension 3148 or M. Allocco (ESD) at extension 3166.

Sincerely,

E.A. Zimmerman, CEP, REM, CEA, CESM
Division Manager

EAF/MA:rt

Attachment I: Discharge Monitoring Report for August 2000,

Attachment II: Analytical Results from H2M Labs for samples collected on 8/3/00 and 8/7/00 from Outfall 001,

Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002, 003, 005, 006A, 006B, 007, 008, and 010.

Attachment IV: Excursion Update Report.

cc:	K. Brog	w/o attachments
	W. Chaloupka	w/attachments
	G. Granzen	w/o attachments
	M. Hart	w/o attachments
	C. Johnson	w/o attachments
	D. Van Duyne	w/attachments
	R. Lee	w/attachments
	E. Lessard	w/o attachments
	D. Lowenstein	w/o attachments
	E. Murphy	w/attachments
	S. Ozaki	w/o attachments
	W. Reeside	w/o attachments
	L. Ross	w/attachments
	R. Travis	w/attachments

EC62EC.00

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR AUGUST 2000

FOR OUTFALLS NO. 001 – 010

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for August 2000
Discharge Monitoring Report Notes:

1. There was no discharge from Outfalls 002A and 002B during this reporting period.

2. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.

3. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).

4. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.

PERMITTEE NAME, ADDRESS (Physical Facility) (Legal Entity)

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

Form Approved.
OMB No. 2040-000

NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT & STORMWTR RN

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	77	(15)	0	DAILY
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		DAILY
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	5	8	(19)	0	2/MO
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH
PH	SAMPLE MEASUREMENT	******	******		6.2	******	6.6	(12)	0	CONTINU RCORDR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	5.8 MINIMUM	******	9.0 MAXIMUM	SU		DAILY
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	<4	<4	(19)	0	2/MO
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******	0.0	(25)	0	DAILY
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	ML/L		DAILY
NITROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	5.8	(19)	0	2/MO
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	<0.1	(19)	0	2/MO
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	2 DAILY MX	MG/L		ONCE/ MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DA
Mr. Frank Crescenzo Group Manager	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424	
TYPED OR PRINTED			AREA CODE NUMBER	YEAR MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE I
BUT NOT LIMITED TO USDOE ORDER 5400.5.__APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SF

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

OMB No. 2040-0004

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

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53 BELL AVE, BLDG 464
UPTON NY 11973

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NY0005835 — PERMIT NUMBER

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MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT & STORMWTR RN

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this fo

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	1.0	(19)	0	2/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<10	(28)	0	2/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	UG/L		ONCE/ MONTH
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.04	(19)	0	2/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.15 DAILY MX	MG/L		ONCE/ MONTH
IRON, TOTAL See Note (AS FE) #4 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.07	(19)	0	2/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.37 DAILY MX	MG/L		ONCE/ MONTH
LEAD, TOTAL See Note (AS PB) #4 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.001	(19)	0	2/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.019 DAILY MX	MG/L		ONCE/ MONTH
NICKEL, TOTAL See Note (AS NI) #4 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.006	(19)	0	2/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.11 DAILY MX	MG/L		ONCE/ MONTH
SILVER, TOTAL See Note (AS AG) #4 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.002	(19)	0	2/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.015 DAILY MX	MG/L		ONCE/ MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Frank Crescenzo
Group Manager

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 631-344-3424 (AREA CODE / NUMBER)

DAT (YEAR / MO)

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BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SF

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

THIS IS A 4 PART FORM. PAGE

NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER
001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT & STORMWTR RN

*** NO DISCHARGE |_| ***

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ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.05	(19)	0	2/MO	C
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	MG/L		ONCE/ MONTH	C
TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	2/MO	G
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	G
METHYLENE CHLORIDE 34423 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	2/MO	G
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	G
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	2/MO	G
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	G
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6	0.8	(03)	******	******	******		0	CONTIN RCORDR	UC
	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RC
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.0001	(19)	0	2/MO	CC
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.0008 DAILY MX	MG/L		ONCE/ MONTH	CO
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	3	4	(13)	0	2/mo	G
	PERMIT REQUIREMENT	******	******	**** ****	******	200 DAILY AV	400 DAILY MX	#/ 100ML		ONCE/ MONTH	GR

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OMB No. 2040-0004

NY0005835	001 M
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT & STORMWTR RN

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this f

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
2-BUTANONE	SAMPLE MEASUREMENT	******	******		******	******	<35	(28)	0	2/MO
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	50 DAILY MX	UG/L		TWICE/G MONTH
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		>86	******	******	(23)	0	1/MO
81010 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO AV MN	******	******	PER-CENT		ONCE/ C MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		>97	******	******	(23)	0	1/MO
81011 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO AV MN	******	******	PER-CENT		ONCE/ C MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DA
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TYPED OR PRINTED			AREA CODE / NUMBER	YEAR / M

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LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

DISCHARGE MONITORING REPORT *(DMR)*

OMB No. 204

NY0005835 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
BRAHMS (1002) & PHOBOS (10

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

*** NO DISCHARGE |X| ***

NOTE: Read Instructions before completing

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQU OF ANAL
PH	SAMPLE MEASUREMENT	******	******			******		(12)		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE MON
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		ONCE MON
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	No Discharge	(03)	******	******	******			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	*** ****		ONCE MON
See Note #1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER / YEAR

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. COLLECTION SYS IS EXTENDED TO 1010, THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #0 ~~BRAHMS C T B SHOULD BE DIRECTED TO NEW RECHARGE BASIN. NO TRT CHEMS WITHOUT PRIOR DEC APPROVAL~~

U.S. GOVERNMENT PRINT OFFICE 1999 454-592/13601

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

OMB No. 2040-00(

NY0005835	002 B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

MAJOR
(SUBR 01)
F - FINAL
RF(1004) COOLING TOWER BLO

*** NO DISCHARGE |X| ***

NOTE: Read Instructions before completing this

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PH	SAMPLE MEASUREMENT	******	******			******		(12)		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU	ONCE/ MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	<15 DAILY MX	MG/L	ONCE/ MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	No Discharge	(03)	******	******	******			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****	ONCE/ MONTH	
See Note #1	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. O
STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DIS
~~SHOULD BE TO NEW BASIN.~~

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-000

NY0005835 — PERMIT NUMBER
002 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

MAJOR
(SUBR 01)
F - FINAL
AGS NON-C COOLNG,PRCP,ETC

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
PH	SAMPLE MEASUREMENT	******	******		7.4	******	7.6	(12)	0	4/MO
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.2	(03)	******	******	******		0	4/MO
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH
See Note #2	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Group Manager
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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631-344-3424
AREA CODE NUMBER

DA
YEAR MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONL NOTES, COMMENTS AND REQUIREMENTS.
SAMPLNG FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIX

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-0(

NY0005835	003 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

MAJOR
(SUBR 01)
F - FINAL
HFBR & AGS NON-C COOL,ETC

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENC OF ANALYSIS
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
PH	SAMPLE MEASUREMENT	******	******		7.4	******	7.9	(12)	0	4/MO
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU	0	ONCE/ MONTH
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	6.1	(19)	0	1/MO
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L	0	ONCE/ MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.25	(03)	******	******	******		0	4/MO
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****	0	ONCE/ MONTH
See Note #2	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DA
Mr. Frank Crescenzo Group Manager	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424	
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR / M

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

OMB No. 2

PERMIT NUMBER	DISCHARGE NUMBER
NY0005835	004 M

MAJOR
(SUBR 01)
F - FINAL
MRR NON-CONTACT COOLG

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

*** NO DISCHARGE |__| *

NOTE: Read Instructions before completi

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FRE AN
PH	SAMPLE MEASUREMENT	******	******			******	6.4	(12)	0	1/
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU	O	NC MO
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.1	(03)	******	******	******		0	1/
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	****** **** ****		O	NC MO
See Note #2	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			TELEPHONE
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TYPED OR PRINTED			AREA CODE / NUMBER / YEA

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PERMIT FOR ADDITIONL NOTES, COMMENTS & REQUIREMENTS

U.S. GOVERNMENT PRINT OFFICE 1999 454-592/13601

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-00

NY0005835	005 M
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
NSLS COOLING TOWR BLDN ETC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
PH	SAMPLE MEASUREMENT	******	******		7.2	******	8.5	(12)	0	4/MO
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU	0	ONCE/ MONTH
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L	0	ONCE/ MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.2	(03)	******	******	******		0	4/MO
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****	0	ONCE/ MONTH
See Note #2	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DA
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TYPED OR PRINTED			AREA CODE / NUMBER	YEAR / M

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-(

PERMIT NUMBER	DISCHARGE NUMBER
NY0005835	007 M

MAJOR
(SUBR 01)
F - FINAL
WATER TREATMENT PLT BKWSH

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing th

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUEN OF ANALYSI
FLOW RATE See Note #2 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	360,000	(07)	******	******	******		0	20/M
	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONT
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	6.9	(12)	0	1/MO
	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONT
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	220,000	(28)	0	1/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		ONCE/ MONT
IRON, DISSOLVED (AS FE) 01046 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	572	(28)	0	1/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		ONCE/ MONT
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	D
Mr. Frank Crescenzo Group Manager	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424	
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR / N

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
IN EITHER BASIN SHALL NOT BE COLLECTED FOR THE SAMPLING

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved
OMB No. 2040

PERMIT NUMBER	DISCHARGE NUMBER
NY0005835	008 M

MAJOR
(SUBR 01)
F - FINAL
STORMWTR RUNOFF WAREHOUS

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUE OF ANALY
FLOW RATE See Note 3 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	760	(07)	******	******	******		0	1/MO
	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	*****	O	ONCE MON
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.1	******	7.1	(12)	0	1/MO
	PERMIT REQUIREMENT	******	******	*****	REPORT MINIMUM	******	8.5 MAXIMUM	SU	O	ONCE MON
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	5.2	(19)	0	1/MO
	PERMIT REQUIREMENT	******	******	*****	******	******	15 DAILY MX	MG/L	O	ONCE MON
1,1-DICHLOROETHYLENE 34501 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	1/MO
	PERMIT REQUIREMENT	******	******	*****	******	******	5 DAILY MX	UG/L	O	ONCE MON
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	1/MO
	PERMIT REQUIREMENT	******	******	*****	******	******	5 DAILY MX	UG/L	O	ONCE MON
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE
Mr. Frank Crescenzo Group Manager	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424
TYPED OR PRINTED			AREA CODE / NUMBER / YEAR

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
THE "NO DISCHARGE" BOX AT THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREM

THIS IS A 4-PART FORM PA

☆ U.S. GOVERNMENT PRINT OFFICE 1999 454-592/13601

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approve
OMB No. 2040

NY0005835 — PERMIT NUMBER

010 M — DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

MAJOR
(SUBR 01)
F - FINAL
STORMWTR R O CENTRAL STE

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQU OF ANAL
FLOW RATE See Note #3	SAMPLE MEASUREMENT	******	258	(07)	******	******	******		0	1/M
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****	ONCE MON	
PH	SAMPLE MEASUREMENT	******	******		7.5	******	7.5	(12)	0	1/MO
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU	ONCE MON	
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	5.7	(19)	0	1/MO
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L	ONCE MON	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE
Mr. Frank Crescenzo Group Manager	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424
TYPED OR PRINTED			AREA CODE / NUMBER / YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

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

☆ U.S. GOVERNMENT PRINT OFFICE 1999 454-592/13601

NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

DISCHARGE MONITORING REPORT (DMR)

NY0005835	06A M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

MAJOR
(SUBR 01)
F - FINAL
LINAC NCCW, FLOOR DNS,ETC

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing th

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	QUANTITY OR CONCENTRATION AVERAGE	QUANTITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUEN OF ANALYSI
PH	SAMPLE MEASUREMENT	******	******		7.3	******	8.1	(12)	0	4/MO
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU	0	ONCE/ MONT
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L	0	ONCE/ MONT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.1	(03)	******	******	******		0	4/MO
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****	0	ONCE/ MONT
See Note #2	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE
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TYPED OR PRINTED			AREA CODE / NUMBER / YEAR

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
53 BELL AVE, BLDG 464
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approv
OMB No. 204

NY0005835	06B M
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
COOLING TOWR FROM 919 ET

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	08	01	TO	00	08	31

*** NO DISCHARGE |__| **

NOTE: Read Instructions before completing

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQU O ANAL
PH	SAMPLE MEASUREMENT	******	******		7.0	******	7.4	(12)	0	4/M
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU	ONCE MON	
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/M
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L	ONCE MON	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.2	(03)	******	******	******		0	4/M
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****	ONCE MON	
See Note #2	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE
Mr. Frank Crescenzo Group Manager	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424
TYPED OR PRINTED			AREA CODE / NUMBER / YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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