M. Allocco

Environmental Services Division

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BROOKHAVEN
NATIONAL LABORATORY

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

www.bnl.gov

January 17, 2002

Mr. Robert Desmarais
Director, Project Management Division
U. S. Department of Energy
Brookhaven Group
Upton, NY 11973

Dear Mr. Desmarais:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for December 2001
REFERENCE: Letter from Robert Desmarais to Cunniff dated December 27, 2001

Included as Attachment I, please find the DMR for the month of December 2001. 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 the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

With the exception of five total excursions for HEDP analysis, one each at Outfalls 002, 002B, 005, 006A, and 006B, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please refer to item eleven of the Discharge Monitoring Report Notes section for a description of these excursions. Due to anomalies in the analytical data provided by CHEMTEX, Inc. and comparison with split sample results from H2M Labs, Inc., we believe the analytical data for the HEDP concentration in the discharge from all five outfalls are suspect. All future samples sent to CHEMTEX, Inc. will be accompanied by a field blank ensure the accuracy of analytical results received from this laboratory.

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 001A, 001B, 001D, 001E, 001F, 002, 003, 005, 006A, and 006B are, therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance 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. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering 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 December 2001.

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 January 28, 2001. 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 at extension 3148 or M. Allocco at extension 3166.

Sincerely,

Lori Cunniff, CEP
Division Manager

LEC/MA:cr

Attachment I: Discharge Monitoring Report for December 2001.

Attachment II: Analytical Results from H2M Labs for samples collected on 12/3/01, 12/5/01 and 12/7/01 from Outfall 001.

Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001A, 001B, 001D, 002, 002B, 003, 005, 006A, 006B, 008, and 010.

Attachment IV: Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls 001F, 002, 002B, 003, 005, 006A, and 006B.

Attachment V: Non-Compliance Report for December SPDES Permit Excursion at Outfalls 002, 002B, 005, 006A, and 006B.

cc:	M. Allocco	w/attachments	M. Baldwin	w/attachments
	W. Chaloupka	w/attachments	L. Cunniff	w/o attachments
	G. Granzen	w/o attachments	J. Higbie	w/attachments
	C. Johnson	w/o attachments	S. Krinsky	w/o attachments
	R. Lee	w/attachments	E. Lessard	w/o attachments
	D. Lowenstein	w/o attachments	E. Murphy	w/attachments
	A. Queirolo	w/o attachments	V. Radeka	w/o attachments
	T. Sheridan	w/o attachments	D. Van Duyne	w/attachments

EC62ER.02

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for December 2001
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. The reported concentration was estimated by the analytical laboratory.

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

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

5. Photographic rinse waters discharged from Building 197B, are generated by two individual photographic processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentrations and total average flow have been reported in the DMR.

Location	Flow	pH	Total Nitrogen	Cyanide	Silver	Phenolics
1-87	82 GPD	5.9 SU	331 mg/L	< 10 µg/L	29.1 µg/L	< 5.0 µg/L
1-93B	40 GPD	7.4 SU	0.3 mg/L	< 10 µg/L	5.1 µg/L	< 5.0 µg/L
Total Flow	122 GPD					

6. PCBs were not detected at a method detection limit of 0.065 ppb per congener. Total PCBs have been reported as less than the individual detection limit.

7. There was no discharge from Outfalls 002A and 007 during this reporting period. In May 2001, the two discharges to Outfall 002A were connected to the stormwater collection system and no longer discharge locally. The cooling water discharge from Bldg. 1002 is now directed to Outfall 002B located at Building 1004. The cooling water discharge from Bldg. 1010 is now directed to Outfall 002 (HN). A SPDES permit modification package was submitted which reflected this change.

8. The Environmental Services Division was notified in June 2001, that the cooling water discharge from the Brookhaven Medical Research Reactor (BMRR) would be terminated due to the permanent shutdown of the facility and therefore no discharge to Outfall 004. A SPDES permit modification package was submitted which reflected this change.

9. There was no discharge of treatment chemicals to Outfall 003 during the monitoring period due to the removal of the High Flux Beam Reactor (HFBR) cooling towers in association with the permanent shutdown of the facility. A SPDES permit modification package was submitted which reflected this change.

10. The percent removal for BOD, 5-day was calculated using zero as the value for all concentrations reported as less than the method detection limit (<MDL).

11. The concentration of HEDP in Outfalls 002, 002B, 003, 005, 006A, and 006B for the October 3, 2001 sampling were above the performance criteria of 0.5 mg/L when analyzed by CHEMTEX, Inc. Resampling of all outfalls was completed in December, shortly after the receipt of the October analytical results. All HEDP concentrations, except at Outfall 002, were below the performance criteria of 0.5 mg/L. A split sample from the December sampling at Outfall 002 was sent to H2M Labs, Inc. for HEDP analysis and the concentration was below the performance criteria. In addition, Outfall 003 was sampled for HEDP in October in error since there is no longer discharge of cooling tower treatment chemicals to this outfall. The concentration of HEDP reported for this outfall is 1.83 mg/L. Historically the concentration of HEDP at all tested outfalls has been below the performance criteria and predominantly below the method detection limit. The SPDES excursions for these outfalls are therefore suspect. All future samples sent to CHEMTEX, Inc. for analysis will be accompanied by a field blank to ensure the accuracy of analytical results received from this laboratory. The following table contains the analytical results for the October and December sampling events.

	October 3, 2001 Sampling CHEMTEX, Inc. Analysis	**December 10, 2001 Sampling CHEMTEX, Inc. Analysis**	**December 10, 2001 Sampling H2M, Labs, Inc. Analysis**
Outfall 002	1.21 mg/L	0.57 mg/L	0.23 mg/L
Outfall 002B	0.92 mg/L	< 0.05 mg/L	NS
Outfall 003	1.83 mg/L	NS	NS
Outfall 005	0.91 mg/L	< 0.05 mg/L	NS
Outfall 006A	1.02 mg/L	0.10 mg/L	NS
Outfall 006B	1.0 mg/L	0.30 mg/L	NS

NS: Not Sampled

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR DECEMBER 2001

FOR OUTFALLS NO. 001 – 010

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

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

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 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

MAJOR
(SUBR 01)
F - FINAL
ACID/CAUSTIC CLEANG RINSE 535B

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 3	SAMPLE MEASUREMENT	******	1171	(07)	******	******	******		0	QTRLY	RCORDR
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.2	(12)	0	QTRLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE	SAMPLE MEASUREMENT	******	******		******	******	<10	(28)	0	QTRLY	GRAB
39100 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
DI-N-BUTYL PHTHALATE	SAMPLE MEASUREMENT	******	******		******	******	<10	(28)	0	QTRLY	GRAB
39110 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area 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)

DATE: YEAR / MO / DAY

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

PA Form 3320-1 (Rev 3/99) Previous editions may be used.

01300/011207-2012 This is a 34-2012 form.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

DISCHARGE MONITORING REPORT (DMR)

NY0005835 — PERMIT NUMBER

001 B — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

MAJOR
(SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 498

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 3	SAMPLE MEASUREMENT	******	289	(07)	******	******	******		0	QTRLY	RCORDR
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		3.3	******	3.3	(12)	0	QTRLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
CHROMIUM, TOTAL See (AS CR) Note 1	SAMPLE MEASUREMENT	******	******		******	******	2.1	(28)	0	QTRLY	GRAB
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	278	(28)	0	QTRLY	GRAB
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	292	(28)	0	QTRLY	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
MANGANESE, TOTAL See (AS MN) Note 1	SAMPLE MEASUREMENT	******	******		******	******	3.6	(28)	0	QTRLY	GRAB
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
NICKEL, TOTAL See (AS NI) Note 1	SAMPLE MEASUREMENT	******	******		******	******	5.4	(28)	0	QTRLY	GRAB
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area 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)

DATE: YEAR / MO / DAY

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

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SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PA Form 3320-1 (Rev 3/99) Previous editions may be used.

01301/011207-2012 This form.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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)

NY0005835 — PERMIT NUMBER

001 B — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

MAJOR
(SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 498

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ZINC, TOTAL (AS ZN) See Note 1	SAMPLE MEASUREMENT	******	******		******	******	13.4	(28)	0	QTRLY	GRAB
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,2-DICHLOROETHANE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY	GRAB
32103 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
CHLOROFORM	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY	GRAB
32106 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
BROMODICHLOROMETHANE EFFLUENT	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY	GRAB
08693 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE	SAMPLE MEASUREMENT	******	******		******	******	<10	(28)	0	QTRLY	GRAB
39100 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
DI-N-BUTYL PHTHALATE See Note 2	SAMPLE MEASUREMENT	******	******		******	******	1	(28)	0	QTRLY	GRAB
39110 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE: 631 NUMBER: 344-3424

DATE: YEAR MO DAY

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

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SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

DISCHARGE MONITORING REPORT (DMR)

NY0005835 — PERMIT NUMBER
001 B — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

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(SUBR 01)
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RINSE FROM CENTRL DEGREASR 498

*** NO DISCHARGE |__| ***

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TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY	GRAB
05814 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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Area Group Manager

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TELEPHONE: AREA CODE 631 — NUMBER 344-3424

DATE: YEAR — MO — DAY

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

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FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	001 D
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
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MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

*** NO DISCHARGE [__] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 5	SAMPLE MEASUREMENT	******	122	(07)	******	******	******		0	QTRLY	RCORDR
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH See Note 5	SAMPLE MEASUREMENT	******	******		5.9	******	7.4	(12)	0	QTRLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
NITROGEN, TOTAL See Note (AS N) 5	SAMPLE MEASUREMENT	******	******		******	******	331	(19)	0	QTRLY	GRAB
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	MG/L		QTRLY	GRAB
CYANIDE, TOTAL See (AS CN) Note 5	SAMPLE MEASUREMENT	******	******		******	******	< 10	(28)	0	QTRLY	GRAB
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
SILVER, TOTAL See (AS AG) Note 5	SAMPLE MEASUREMENT	******	******		******	******	29.1	(28)	0	QTRLY	GRAB
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
PHENOLICS, TOTAL RECOVERABLE See Note 5	SAMPLE MEASUREMENT	******	******		******	******	< 5	(28)	0	QTRLY	GRAB
32730 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
631	344-3424

DATE

YEAR	MO	DAY

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

NAME USDOE

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE HALOSH, GROUP MGR

DISCHARGE MONITORING REPORT (DMR)

NY0005835 — PERMIT NUMBER

001 E — DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
BOILER BLOWDN FROM 244,405,ETC

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 3 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	300	(07)	******	******	******		0	QTRLY	RCORDR
	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		9.5	******	10	(12)	0	QTRLY	GRAB
	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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area 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

AREA CODE: 631 NUMBER: 344-3424

DATE

YEAR | MO | DAY

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 FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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	001 F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

MAJOR
(SUBR 01)
F - FINAL
COOLING TOWER WTR & BLOWDN 902

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 3	SAMPLE MEASUREMENT	******	10436	(07)	******	******	******		0	QTRLY	RCORDR
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		8.4	******	8.4	(12)	0	QTRLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
PROPYLENE GLYCOL MONOBUTYL ETHER	SAMPLE MEASUREMENT	******	******		******	******	<500	(28)	0	QTRLY	GRAB
49875 1 0 0 EFFLUENT GROSS VALUE	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area 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)

DATE: YEAR / MO / DAY

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 FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

EPA Form 3320-1 (Rev 3/99) Previous editions may be used. This is a 4-page form.

01306/011207-2012

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

NAME USDOE

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)

NY0005835	001 M
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 01)
F — FINAL
PROCESS SANIT & STORMWTR RNOFF

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	63	(15)	0	5/7	GRAB
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	1	2	(19)	0	3/MO	COMP24
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		6.5	******	6.9	(12)	0	5/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	5.8 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	< 4	< 4	(19)	0	3/MO	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******	0.0	(25)	0	5/7	GRAB
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	ML/L		DAILY	GRAB
NITROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	5.7	(19)	0	3/MO	COMP24
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	< 0.1	(19)	0	3/MO	COMP24
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	2 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area 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

DATE

YEAR | MO | DAY

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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

NAME U S DOE

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE HALOSH, GROUP MGR

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

NY0005835 — PERMIT NUMBER

001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

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			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	******	1.5	(19)	0	3/MO	COMP24
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	******	******		******	******	< 10	(28)	0	3/MO	GRAB
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	100 DAILY MX	UG/L		ONCE/ MONTH	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.04	(19)	0	3/MO	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.24	(19)	0	3/MO	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.37 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******	******	0.004	(19)	0	3/MO	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NICKEL, TOTAL See Note 1 (AS NI)	SAMPLE MEASUREMENT	******	******		******	******	0.003	(19)	0	3/MO	COMP24
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.11 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******	******	0.002	(19)	0	3/MO	COMP24
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.015 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Mr. Michael Holland Area 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.	631-344-3424				
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.__APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

NAME USDOE

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

DISCHARGE MONITORING REPORT (DMR)

NY0005835 — PERMIT NUMBER

001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

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

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	******	0.05	(19)	0	3/MO	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.1 DAILY MX	MG/L		ONCE/ MONTH	COMP24
TOLUENE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	3/MO	GRAB
34010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	******	******		******	******	2	(28)	0	3/MO	GRAB
34423 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	3/MO	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.4	0.5	(03)	******	******	******		0	CONTINUOUS RCORDR	
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	******	******	****** **** ****			CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG) See Note 1	SAMPLE MEASUREMENT	******	******		******	******	0.0002	(19)	0	3/MO	COMP24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.0008 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	< 2	< 2	(13)	0	3/MO	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	200 DAILY AV	400 #/ DAILY MX	100ML		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area 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

DATE

YEAR | MO | DAY

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

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)*

NY0005835 — PERMIT NUMBER
001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

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

*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
2-BUTANONE	SAMPLE MEASUREMENT	******	******		******	******	< 5	(28)	0	3/MO	GRAB
78133 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	50 DAILY MX	UG/L		ONCE/ MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL See Note 10	SAMPLE MEASUREMENT	******	******		> 89	******	******	(23)	0	3/MO	CALCTD
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	****** **** ****		85 MO AV MN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL See Note 10	SAMPLE MEASUREMENT	******	******		100	******	******	(23)	0	3/MO	CALCTD
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	****** **** ****		85 MO AV MN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area Group Manager
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
AREA CODE: 631
NUMBER: 344-3424

DATE
YEAR | MO | DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
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)

NY0005835 — PERMIT NUMBER

001 Q — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

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

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
POLYCHLORINATED See	SAMPLE MEASUREMENT	******	******		******	******	< 0.065	(28)	0	QTRLY	GRAB
BIPHENYLS (PCBS) Note 6	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
39516 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	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

Mr. Michael Holland
Area Group Manager
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

631-344-3424

AREA CODE | NUMBER

DATE

YEAR | MO | DAY

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

01311/011204-2012

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)*

NY0005835 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

MAJOR
(SUBR 01)
F - FINAL
BRAHNS(1002) & PHOBOS(1010) CT

*** NO DISCHARGE [XX] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******		(03)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	****** **** ****			ONCE/ MONTH	RCORDR
See Note 7	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area 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
AREA CODE: 631 NUMBER: 344-3424

DATE
YEAR MO DAY

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

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE SW COLLECTION SYS IS EXTENDED TO 1010, THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #002 & ~~BRAHMS C T B SHOULD BE DIRECTED TO NEW RECHARGE BASIN.~~ NO IRT CHEMS WITHOUT PRIOR DEC APPROVAL.

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)

NY0005835	002 B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

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

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		6.7	******	6.7	(12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.000002	(03)	******	******	******		0	4/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area 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		DATE		
631-344-3424				
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

PA Form 3320-1 (Rev 3/99) Previous editions may be used. This is a 4-page form. 01313/011207-2012 PAGE 1 OF

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

IAME U S D O E
DDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
ACILITY BROOKHAVEN NATIONAL LABORATORY
OCATION UPTON NY 11973
TTN: GEORGE MALOSH, GROUP MGR

NY0005835 — PERMIT NUMBER
002 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

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

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
H	SAMPLE MEASUREMENT	******	******		7.4	******	8.2	(12)	0	4/MO	GRAB
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
IL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO	GRAB
0556 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.1	(03)	******	******	******		0	4/MO	RCORDR
0050 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

AME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area 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)
DATE: YEAR / MO / DAY

MMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
EE PERMIT FOR ADDITIONL NOTES, COMMENTS AND REQUIREMENTS.
AMPLNG FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

A Form 3320-1 (Rev 3/99) Previous editions may be used.

01314/011207-2012 This is a 4-page form. PAGE 1 OF

AME U S D O E

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

ACILITY BROOKHAVEN NATIONAL LABORATORY

OCATION UPTON NY 11973

TTN: GEORGE MALOSH, GROUP MGR

DISCHARGE MONITORING REPORT (DMR)

NY0005835 — PERMIT NUMBER

002 Q — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

MAJOR
(SUBR 01)
F -- FINAL
AGS NON-C COOLG,PRECP ETC(HN)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
HLOROFORM	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY	GRAB
2106 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	7 DAILY MX	UG/L		QTRLY	GRAB
,1,1-TRICHLORO-THANE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY	GRAB
4506 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		QTRLY	GRAB
ROMODICHLOROMETHANE FFLUENT	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY	GRAB
8693 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	50 DAILY MX	UG/L		QTRLY	GRAB
-HYDROXY-ETHYLIDENE See Note 11	SAMPLE MEASUREMENT	******	******		******	******	1.2	(19)	1	3/ QTRLY	GRAB
5812 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
OLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	QTRLY	GRAB
5813 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

AME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area 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

DATE

YEAR | MO | DAY

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

O ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
EE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS
~~AMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR DETECTR~~

A Form 3320-1 (Rev 3/99) Previous editions may be used.

01315/01207-2010rm.

ERMITTEE NAME/ADDRESS *(Include Facility Name/Location If Different)*

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

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

DISCHARGE MONITORING REPORT (DMR)

NY0005835	002 R
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

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

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1-HYDROXY-ETHYLIDENE See Note 11	SAMPLE MEASUREMENT	******	******		******	******	0.9	(19)	1	QTRLY	GRAB
85812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	QTRLY	GRAB
85813 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 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

Mr. Michael Holland
Area 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		DATE		
631-344-3424				
AREA CODE	NUMBER	YEAR	MO	DAY

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 THE RHIC RING. ONCE THE STORMWATER COLLECTION SYSTEM IS EXTENDED TO 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE DIRECTED TO THE NEW BASIN.

PA Form 3320-1 (Rev 3/99) Previous editions may be used. This is a 4-part form. 01316/011207-2012 PAGE 1 OF

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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)

MAJOR

NY0005835 — PERMIT NUMBER

003 M — DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.0	******	8.0	(12)	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.9	(03)	******	******	******		0	4/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	****** **** ****			ONCE/ MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area 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

AREA CODE: 631 NUMBER: 344-3424

DATE: YEAR MO DAY

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)

NY0005835	003 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

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

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ZINC, TOTAL See Note 9 (AS ZN)	SAMPLE MEASUREMENT	******	******		******	******	NODIC	(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5.0 DAILY MX	MG/L		QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	QTRLY	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		QTRLY	GRAB
2,2DIBROMO-3-NITRILO PROPIONAMIDE See Note 9	SAMPLE MEASUREMENT	******	******		******	******	NODI C	(19)			
36993 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
1-HYDROXY-ETHYLIDENE See Note 9	SAMPLE MEASUREMENT	******	******		******	******	NODI C	(19)			
35812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE See Note 9	SAMPLE MEASUREMENT	******	******		******	******	NODI C	(19)			
35813 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area 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: AREA CODE 631 NUMBER 344-3424

DATE: YEAR MO DAY

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

DISCHARGE MONITORING REPORT (DMR)

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
004 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

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

*** NO DISCHARGE [XX] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
H	SAMPLE MEASUREMENT	******	******			******		(12)			
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	******		(03)	******	******	******				
0050 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
See Note 8	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

Mr. Michael Holland
Area 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)

DATE: YEAR / MO / DAY

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

SEE PERMIT FOR ADDITIONL NOTES, COMMENTS & REQUIREMENTS

A Form 3320-1 (Rev 3/99) Previous editions may be used.

01319/011207-2012 This is a 4-page form.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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 HALOSH, GROUP MGR

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

NY0005835	004 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

MAJOR
(SUBR 01)
F - FINAL
MRR NON-CONTACT COOLING (HP)

*** NO DISCHARGE [XX] ***

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			
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		QTRLY	GRAB
See Note 8	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

Mr. Michael Holland
Area 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

AREA CODE: 631 NUMBER: 344-3424

DATE

YEAR | MO | DAY

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

NO ADDITIONAL WATER TREATMENT CHEMICALS 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
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)

NY0005835 — PERMIT NUMBER
005 H — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 01 MO 12 DAY 01 TO YEAR 01 MO 12 DAY 31

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

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
H	SAMPLE MEASUREMENT	******	******		7.1	******	7.7	(12)	0	4/MO	GRAB
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
IL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO	GRAB
0556 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.2	(03)	******	******	******		0	4/MO	RCORDR
0050 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	****** **** ****			ONCE/ MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area 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

DATE
YEAR | MO | DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

ERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
AME U S D O E
DDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
ACILITY BROOKHAVEN NATIONAL LABORATORY
OCATION UPTON NY 11973
TTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 — PERMIT NUMBER
005 Q — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

MAJOR
(SUBR 01)
F - FINAL
NSLS COOLG TOWR BLOWDN ETC(HS)

*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.004	(19)	0	QTRLY	GRAB
1042 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	1.0 DAILY MX	MG/L		QTRLY	GRAB
-HYDROXY-ETHYLIDENE See Note 11	SAMPLE MEASUREMENT	******	******		******	******	0.9	(19)	1	QTRLY	GRAB
5812 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
OLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	QTRLY	GRAB
5813 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

AME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Mr. Michael Holland Area 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.	631-344-3424	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO / DAY

IMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
O ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
EE 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)*

NY0005835 — PERMIT NUMBER
007 H — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

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

*** NO DISCHARGE [XX] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LOW RATE	SAMPLE MEASUREMENT	******		(07)	******	******	******				
0056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
H	SAMPLE MEASUREMENT	******	******			******		(12)			
0400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
RON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******		(28)			
1045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		ONCE/ MONTH	GRAB
RON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	******	******		******	******		(28)			
1046 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		ONCE/ MONTH	GRAB
See Note 7	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area 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: AREA CODE 631 NUMBER 344-3424

DATE: YEAR MO DAY

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 ADDITIONL 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 BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 — PERMIT NUMBER
008 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

MAJOR
(SUBR 01)
F - FINAL
STORMWTR RUNOFF WAREHOUSE (HW)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 4	SAMPLE MEASUREMENT	******	37101	(07)	******	******	******		0	1/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.8	******	7.8	(12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	1/MO	GRAB
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	1/MO	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area 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)
DATE: YEAR / MO / DAY

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 & 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)

NY0005835
PERMIT NUMBER

010 M
DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

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

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LOW RATE See Note 4	SAMPLE MEASUREMENT	******	69322	(07)	******	******	******		0	1/MO	GRAB
0056 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
H	SAMPLE MEASUREMENT	******	******		6.1	******	6.1	(12)	0	1/MO	GRAB
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
IL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO	GRAB
0556 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area 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

DATE: YEAR | MO | DAY

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" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

RMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
AME U S D O E
DDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
CILITY BROOKHAVEN NATIONAL LABORATORY
CATION UPTON NY 11973
TTN: GEORGE HALOSH, GROUP MGR

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

NY0005835 — PERMIT NUMBER
06A M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

MAJOR
(SUBR 01)
F - FINAL
LINAC NCCW, FLOOR DNS, ETC(HT1)

*** NO DISCHARGE [__] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	Quality or Concentration UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
4	SAMPLE MEASUREMENT	******	******		7.1	******	8.7	(12)	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE See Note 3	SAMPLE MEASUREMENT	******	0.1	(03)	******	******	******		0	4/MO	RCORDR
	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	****** **** ****			ONCE/ MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area 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

DATE
YEAR | MO | DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
IAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
ACILITY BROOKHAVEN NATIONAL LABORATORY
OCATION UPTON NY 11973
TTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 — PERMIT NUMBER
06A Q — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

MAJOR
(SUBR 01)
F - FINAL
LINAC NCCW, FLOOR DNS, SW(HT1)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	1.0	(19)	1	2/QTRLY	GRAB
See Note 11											
5812 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
FFLUENT GROSS VALUE											
OLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	< 0.005	(19)	0	QTRLY	GRAB
5813 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		QTRLY	GRAB
FFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

AME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area 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)

DATE: YEAR / MO / DAY

MMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
O ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
EE PERMIT FOR ADDITIONAL NOTES, COMMENT AND REQUIREMENTS

A Form 3320-1 (Rev 3/99) Previous editions may be used.

01327/011207-2012 This is a 4-page form.

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

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

NY0005835 — PERMIT NUMBER
06B M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31

MAJOR
(SUBR 01)
F - FINAL
COOLING TOWR FROM 919 ETC(HT2)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
H	SAMPLE MEASUREMENT	******	******		7.4	******	8.4	(12)	0	4/MO	GRAB
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
IL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO	GRAB
0556 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.6	(03)	******	******	******		0	4/MO	RCORDR
0050 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

IAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area 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)

DATE: YEAR / MO / DAY

OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
EE 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 BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 — PERMIT NUMBER
06B Q — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31

MAJOR
(SUBR 01)
F - FINAL
COOLG TOWRS FROM 919 ETC (HT2)

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	1.0	(19)	1	QTRLY	GRAB
See Note 11	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
5812 1 0 0 FFLUENT GROSS VALUE											
OLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	< 0.005	(19)	0	QTRLY	GRAB
5813 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 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
Mr. Michael Holland
Area 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)
DATE: YEAR / MO / DAY

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

A Form 3320-1 (Rev 3/99) Previous editions may be used.

01329/011207-2012 This is a 4-part form.