Environmental Services Division

BROOKHAVEN
NATIONAL LABORATORY

Building 535A
P.O. Box 5000
Upton, NY 11973-5000
Phone 631 344-4225
Fax 631 344-5812
zimmerman@bnl.gov

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

www.bnl.gov

August 21, 2000

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

Dear Mr. Crescenzo:

SUBJECT: **NPDES - Discharge Monitoring Report (DMR) for July 2000**
REFERENCE: **Letter from Scott Mallette to K. Brog dated July 31, 2000**

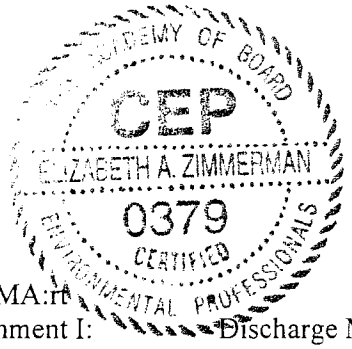
Included as Attachment I, please find the DMR for the month of July 2000. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, and III. Field measured parameters (pH,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

With the exception of one excursion for the oil and grease concentration for Outfall 008, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. With regard to the oil and grease excursion, a sample collected on July 19, 2000 exhibited an oil and grease concentration of 17.3 mg/L. This value exceeded the SPDES permit limit of 15 mg/L. A Noncompliance Report has been prepared and included as Attachment IV. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages.

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

Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than August 30, 2000.

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



Sincerely,

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

EAF/MA:rr
Attachment I: Discharge Monitoring Report for July 2000,

Attachment II: Analytical Results from H2M Labs for samples collected on 7/10/00 and 7/13/00 from Outfall 001,

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

Attachment IV: Non-Compliance Report for August SPDES Permit Excursion at Outfall 008.

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

EC62EC.00

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

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

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

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

4. The oil and grease concentration was above the performance criteria of 15 mg/L for the sample collected on 7/19/00. Please see Attachment IV for a description of this excursion.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JULY 2000

FOR OUTFALLS NO. 001 – 010

ME U S D O E
DRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
CILITY BROOKHAVEN NATIONAL LABORATORY
CATION UPTON NY 11973
TN: GEORGE MALOSH, GROUP MGR

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	00	07	01	TO	00	07	31

*** 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
MPERATURE, WATER G. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	73	(15)	0	DAILY	GRAB
011 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		DAILY	GRAB
D, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	<2	<2	(19)	0	2/MO	COMP24
310 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT	******	******		6.3	******	6.8	(12)	0	CONTINUOUS RCORDR.	
400 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	5.8 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
LIDS, TOTAL SPENDED	SAMPLE MEASUREMENT	******	******		******	<4	<4	(19)	0	2/MO	COMP24
530 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******	0.0	(25)	0	DAILY	GRAB
545 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	ML/L		DAILY	GRAB
TROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	6.5	(19)	0	2/MO	COMP24
600 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	COMP24
TROGEN, AMMONIA TAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	0.2	(19)	0	2/MO	COMP24
610 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	2 DAILY MX	MG/L		ONCE/ MONTH	COMP24

ME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
631	344-3424			
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

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 M — DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	07	31

*** 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			
OSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	******	1.1	(19)	0	2/MO	COMP24
665 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP24
ANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	******	******		******	******	<10	(28)	0	2/MO	GRAB
/20 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	UG/L		TWICE/ MONTH	GRAB
PPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.04	(19)	0	2/MO	COMP24
042 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.09	(19)	0	2/MO	COMP24
045 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.37 DAILY MX	MG/L		ONCE/ MONTH	COMP24
D, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******	******	<0.002	(19)	0	2/MO	COMP24
051 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CKEL, TOTAL (AS NI)	SAMPLE MEASUREMENT	******	******		******	******	0.005	(19)	0	2/MO	COMP24
067 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.11 DAILY MX	MG/L		ONCE/ MONTH	COMP24
VER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******	******	0.002	(19)	0	2/MO	COMP24
077 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.015 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
631	344-3424

DATE

YEAR	MO	DAY

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

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

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

NY0005835 PERMIT NUMBER | 001 M DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 00 MO 07 DAY 01 TO YEAR 00 MO 07 DAY 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
INC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	******	0.06	(19)	0	2/MO	COMP24
1092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.1 DAILY MX	MG/L		ONCE/ MONTH	COMP24
OLUENE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	2/MO	GRAB
4010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		1 WICE/ MONTH	GRAB
ETHYLENE CHLORIDE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	2/MO	GRAB
4423 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		1 WICE/ MONTH	GRAB
,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	2/MO	GRAB
4506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		1 WICE/ MONTH	GRAB
LOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	Ø.7	0.9	(03)	******	******	******		0	CONTINUOUS RCORDR	
0050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	******	******	****** ****	****		CONTIN UOUS	RCORDR
ERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******	******	0.0002	(19)	0	2/MO	COMP24
1900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.0008 DAILY MX	MG/L		ONCE/ MONTH	COMP24
OLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	<2	<2	(13)	0	2/MO	GRAB
4055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	200 DAILY AV	400 #/ DAILY MX	100ML		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 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

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
001 M — DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	07	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
2-BUTANONE	SAMPLE MEASUREMENT	******	******		******	******	<5	(28)	0	2/MO	GRAB
5356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** ****	****	******	******	50 DAILY MX	UG/L		TWICE/ MONTH	GRAB
OD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		>94	******	******	(23)	0	2/MO	CALCTD
1010 K 0 0 ERCENTREMOVAL	PERMIT REQUIREMENT	******	****** ****	****	85 MO AV MN	******	******	PER- CENT		ONCE/ MONTH	CALCTD
OLIDS, SUSPENDED ERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		>98	******	******	(23)	0	2/MO	CALCTD
1011 K 0 0 ERCENTREMOVAL	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										

AME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
631	344-3424

DATE

YEAR	MO	DAY

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

UANTITIES 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~~

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
002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	07	31

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

*** NO DISCHARGE | X | ***

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	******	No Discharge	(03)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	******		ONCE/ MONTH	RECORD
See Note 1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 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 TRT CHEMS WITHOUT PRIOR DEC APPROVAL.~~

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

002 B — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	07	31

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

*** NO DISCHARGE | X | ***

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	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
IL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
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	******	No Discharge	(03)	******	******	******				
0050 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
	SAMPLE MEASUREMENT										
See Note 1	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		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 WOULD BE TO NEW BASIN.

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

This is a 4-part form.

01223/000711-1000

PAGE 1 OF

ISSUE 0 5 D 3 E

DISCHARGE MONITORING REPORT *(DMR)*

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

002 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	07	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	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	SAMP TYP
PH	SAMPLE MEASUREMENT	******	******		7.6	******	8.1	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	9.0 MAXIMUM	SU	0	4/MO ONCE/ MONTH	GRAB GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	15 DAILY MX	MG/L	0	1/MO ONCE/ MONTH	GRAB GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.2	(03)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	****** **** ****		0	4/MO ONCE/ MONTH	RCORD RCORD
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE 631 NUMBER 344-3424

DATE

YEAR MO DAY

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

SEE PERMIT FOR ADDITIONL NOTES, COMMENTS AND REQUIREMENTS.
SAMPLNG FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

ERMITTEE NAME/ADDRESS (Please Fertility Name Location Or Sign-in)

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	003 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	07	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	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
H	SAMPLE MEASUREMENT	******	******		7.6	******	7.7	(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	******	0.3	(03)	******	******	******		0	4/MO	RCORDR
0050 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

AME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
631	344-3424			
AREA CODE	NUMBER	YEAR	MO	DAY

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

EE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

ME U S D O E
DRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
CILITY BROOKHAVEN NATIONAL LABORATORY
CATION UPTON NY 11973
TN: GEORGE MALOSH, GROUP MGR

DISCHARGE MONITORING REPORT (DMR)

NY0005835 — PERMIT NUMBER
004 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	07	31

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

*** 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
	SAMPLE MEASUREMENT	******	******		6.1	******	6.1	(12)	0	1/MO	GRAB
400 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OW, IN CONDUIT OR RU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.2	(03)	******	******	******		0	1/MO	RCORDR
050 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	****** ****	**** ****		ONCE/ MONTH	RCORDR
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

ME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. F. Crescenzo
Group Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 631 NUMBER 344-3424

DATE: YEAR MO DAY

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

E 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

DISCHARGE MONITORING REPORT (DMR)

NY0005835	005 M	MAJOR
PERMIT NUMBER	DISCHARGE NUMBER	(SUBR 01)
		F - FINAL
		NSLS COOLING TOWR BLDN ETC (HS)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	07	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
1	SAMPLE MEASUREMENT	******	******		7.2	******	7.6	(12)	0	4/MO	GRAB
0400 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
0556 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	******	0.3	(03)	******	******	*******		0	4/MO	RCORDR
0050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	*******	**** ****		ONCE/ MONTH	RCORDR
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE: 631 NUMBER: 344-3424

DATE: YEAR MO DAY

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

USE PROFILE FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

DISCHARGE MONITORING REPORT (DMR)

NY0005835 — PERMIT NUMBER

007 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	07	31

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

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 2	SAMPLE MEASUREMENT	******	560,000	(07)	******	******	******				
50056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	*** ****	0	15/MO ONCE/ MONTH	INSTAN INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.0	******	7.0	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** *** ****		REPORT MINIMUM	******	9.0 MAXIMUM	SU	0	1/MO ONCE/ MONTH	GRAB GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	151,000	(28)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** *** ****		******	******	REPORT DAILY MX	UG/L	0	1/MO ONCE/ MONTH	GRAB GRAB
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	310	(28)			
01046 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** *** ****		******	******	REPORT DAILY MX	UG/L	0	1/MO ONCE/ MONTH	GRAB GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 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.

PERMIT #28 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

DISCHARGE MONITORING REPORT (DMR)

NY0005835 — PERMIT NUMBER

008 M — DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	07	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	SAMPLE MEASUREMENT	******	13,500	(07)	******	******	******		0	1/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAI
PH	SAMPLE MEASUREMENT	******	******		7.9	******	7.9	(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 See Note 4	SAMPLE MEASUREMENT	******	******		******	******	17.3	(19)	1	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. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

631 344-3424

AREA CODE | NUMBER

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.

DISCHARGE MONITORING REPORT (DMR)

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
010 M — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 00 MO 07 DAY 01 TO YEAR 00 MO 07 DAY 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	QUANTITY OR LOADING MAXIMUM	UNITS	Quality or Concentration MINIMUM	Quality or Concentration AVERAGE	Quality or Concentration MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 3	SAMPLE MEASUREMENT	******	2,150	(07)	******	******	******				
50056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****	0	1/MO ONCE/ MONTH	INSTAN INSTAN
	SAMPLE MEASUREMENT	******	******		7.2	******	7.2	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** ****	****	REPORT MINIMUM	******	8.5 MAXIMUM	SU	0	1/MO ONCE/ MONTH	GRAB GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** ****	****	******	******	15 DAILY MX	MG/L	0	1/MO ONCE/ MONTH	GRAB GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 631 NUMBER 344-3424

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

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

DISCHARGE MONITORING REPORT (DMR)

NY0005835 — PERMIT NUMBER

06A M — DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	07	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	******	******		8.0	******	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	******	0.04	(03)	******	******	******		0	4/MO	RCORDI
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORI
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 631 NUMBER 344-3424

DATE: YEAR MO DA

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

DISCHARGE MONITORING REPORT (DMR)

NY0005835 — PERMIT NUMBER

06B M — DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	07	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	SAMPL TYPE
PH	SAMPLE MEASUREMENT	******	******		7.3	******	7.6	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	9.0 MAXIMUM	SU	0	4/MO ONCE/ MONTH	GRAB GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	15 DAILY MX	MG/L	0	1/MO ONCE/ MONTH	GRAB GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.3	(03)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	****** **** ****		0	4/MO ONCE/ MONTH	RCORD RCORD
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 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 & REQUIREMENTS

ATTACHMENT II

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JULY 2000

ANALYTICAL RESULTS FROM H2M LABS, INC.

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

7/10/00 AND 7/13/00

FROM OUTFALL 001