M. Allocco

Environmental Services Division

BROOKHAVEN
NATIONAL LABORATORY

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P.O. Box 5000
Upton, NY 11973-5000
Phone 631 344-8370
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cunniff@bnl.gov

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

www.bnl.gov

December 17, 2001

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 November 2001
REFERENCE: Letter from Robert Desmarais to Cunniff dated November 20, 2001

Included as Attachment I, please find the DMR for the month of November 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.

All parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 002, 002B, 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 Division. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of November 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 November 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

Lori Cunniff, CEP
Division Manager

LEC/MA:cr

Attachment I: Discharge Monitoring Report for November 2001.

Attachment II: Analytical Results from H2M Labs for samples collected on 11/5/01 and 11/7/01 from Outfall 001.

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

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.01

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for November 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. There was no discharge from Outfall 002A during this reporting period. In May Outfalls 002A and 002B were connected to the stormwater collection systems and no longer discharge locally. The cooling water discharge from Bldg. 1002 (002A) 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.

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. The Environmental Services Division was notified in early June that the cooling water discharge from the Brookhaven Medical Research Reactor would be terminated due to the permanent shutdown of the facility. A SPDES permit modification package was submitted which reflected this change.

6. There was no discharge from Outfall 010 this reporting period.

7. The Water Treatment Plant backwash system only operated during the first two weeks of November. Multiple attempts were made to collect the regulatory samples for pH and iron but due to operational problems, the collection could not be completed.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR NOVEMBER 2001

FOR OUTFALLS NO. 001 – 010

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

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

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER
001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

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

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	64	(15)	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	< 2	< 2	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.3	******	6.8	(12)	0	5/7	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	5.8 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	< 4	< 4	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SOLIDS, SETTLEABLE 00545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.0	(25)	0	5/7	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	ML/L		DAILY	GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	5.7	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.3	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	2 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Dr. 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)*

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)*

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

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

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER
001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

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
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	******	1.8	(19)	0	2/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	2/MO	GRAB
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	UG/L		TWICE/ MONTH	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.04	(19)	0	2/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	******	******		******	******	0.16	(19)	0	2/MO	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.37 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB) See Note 1	SAMPLE MEASUREMENT	******	******		******	******	0.001	(19)	0	2/MO	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NICKEL, TOTAL See (AS NI) Note 1	SAMPLE MEASUREMENT	******	******		******	******	0.004	(19)	0	2/MO	COMP24
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.11 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SILVER, TOTAL See (AS AG) Note 1	SAMPLE MEASUREMENT	******	******		******	******	0.001	(19)	0	2/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
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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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER
001 N — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

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) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.03	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	MG/L		ONCE/ MONTH	COMP24
TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
METHYLENE CHLORIDE 34423 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	2/MO	grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.4	0.6	(03)	******	******	******		0	CONTINUOUS RCORDR	
	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.0001	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.0008 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<2	<2	(13)	0	2/MO	GRAB
	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 631 | NUMBER 344-3424

DATE: YEAR | MO | DAY

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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)

Form Approved.
OMB No. 2040-0004

NY0005835 PERMIT NUMBER
001 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

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 78356 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<5	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	******	****** **** ****		******	******	50 DAILY MX	UG/L		THICE/MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENTREMOVAL	SAMPLE MEASUREMENT	******	******		>92	******	******	(23)	0	1/MO	CALCTD
	PERMIT REQUIREMENT	******	****** **** ****		85 MO AV MN	******	******	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENTREMOVAL	SAMPLE MEASUREMENT	******	******		>95	******	******	(23)	0	1/MO	CALCTD
	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
C. 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)

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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

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

This is a 4-part form.

01210/011107-1923

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.

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
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ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

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	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. 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)*

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.

01211/011107-1923

Form Approved.

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER

002 B — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

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

*** 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	******	******		7.8	******	7.8	(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	******	0.001	(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

r. Michael Holland
rea 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)*

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.~~

NAME U S D O E

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

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

OMB No. 2040-0004

NY0005835 PERMIT NUMBER

002 M DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

*** 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			
PH	SAMPLE MEASUREMENT	******	******		6.6	******	7.4	(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	******	0.01	(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

r. Michael Holland
rea 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.

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

NAME U S D O E

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

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER

003 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

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
PH	SAMPLE MEASUREMENT	******	******		7.1	******	7.5	(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	******	0.5	(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: 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

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
NY0005835	004 M

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

*** NO DISCHARGE [X] ***

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			
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		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	RCORDR
See Note 5	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)*

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)*

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER
005 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

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
PH	SAMPLE MEASUREMENT	******	******		6.8	******	7.5	(12)	0	4/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
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.2	(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
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

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

NAME U S D O E

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

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER

007 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

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

*** 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 7	SAMPLE MEASUREMENT	******	200,000	(07)	******	******	******		0	12/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH See Note 7	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
IRON, TOTAL See Note 7 (AS FE)	SAMPLE MEASUREMENT	******	******		******	******		(28)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		ONCE/ MONTH	GRAB
IRON, DISSOLVED See (AS FE) Note 7	SAMPLE MEASUREMENT	******	******		******	******		(28)			
01046 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		ONCE/ MONTH	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

AREA CODE	NUMBER
631	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)*

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER
008 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

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

*** 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			
FLOW RATE See Note 4 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	1,031	(07)	******	******	******		0	1/MO	INSTAN
	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.2	******	7.2	(12)	0	1/MO	GRAB
	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 5	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	******	****** **** ****		******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
1,1-DICHLOROETHYLENE 34501 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	1/MO	GRAB
	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	1/MO	GRAB
	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

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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)*

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.

Form Approved.
OMB No. 2040-0004

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

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

NY0005835 — PERMIT NUMBER
010 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

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

*** 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
FLOW RATE	SAMPLE MEASUREMENT	******	No Discharge	(07)	******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 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
See Note 6	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

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER

06A M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

MAJOR
(SUBR 01)
F - FINAL
LINAC NCCW, FLOOR ONS,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
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.6	(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	******	0.07	(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

Dr. 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)

Form Approved.

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

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

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER
068 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	11	01	TO	01	11	30

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

*** 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			
PH	SAMPLE MEASUREMENT	******	******		7.1	******	7.7	(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	******	******		******	******	6< 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	******	0.7	(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
Dr. Michael Holland
Area Group Manager
TYPED OR PRINTED

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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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