Environmental Services Division

BROOKHAVEN
NATIONAL LABORATORY

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

www.bnl.gov

October 20, 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 September 2000
REFERENCE: Letter from Scott Mallette to K. Brog dated September 26, 2000

Included as Attachment I, please find the DMR for the month of September 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 Operators or the Environmental Services Division, Field Sampling Team.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted either weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 001A, 001B, 001D, 001E, 001F, 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions.

Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of September 2000.

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

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

Sincerely,

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

EAF/MA:rt

Attachment I: Discharge Monitoring Report for September 2000.

Attachment II: Analytical Results from H2M Labs for samples collected on 9/6/00, 9/8/00 and 9/11/00 from Outfall 001.

Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001A, 001B, 001D, 002, 003, 004, 005, 006A, 006B, 007, 008, and 010.

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

cc:	T. Sheridan	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

THE ACADEMY OF BOARD CEP ELIZABETH A. ZIMMERMAN 0379 CERTIFIED ENVIRONMENTAL PROFESSIONALS

EC62ER.00

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR SEPTEMBER 2000

FOR OUTFALLS NO. 001 – 010

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for September 2000
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 Outfalls 001E, 002A and 002B during this reporting period.

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

4. PCBs were not detected in these samples at a method detection limit of 0.65 ppb per congener. Total PCBs have been reported as less than the individual detection limit.

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

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

Location	Flow	pH	Total Nitrogen	Cyanide	Silver[a]	Phenolics
1-93B	58 GPD	7.2 SU	41.8 mg/L	< 10.0 μg/L	1390 μg/L	< 5 μg/L
1-86B	80 GPD	---	---	---	2.9 μg/L and 3350 μg/L	---
1-93A	835 GPD	7.9 SU	1.31 mg/L	< 10.0 μg/L	16.9 μg/L	< 5 μg/L
Total Flow	973 GPD					

Notes:

a. The 1-86B processor was initially installed without access to the discharge. Samples for silver analysis were collected to assess processor operations. Full analysis of samples will begin in the fourth quarter. The first value is for the second rinse of the processor whereas the second value is for the final rinse.

7. In early September the flow monitoring equipment sustained electrical damage due to a lightning strike. The estimated flow was obtained by projecting out any data received before the lightning strike. A replacement flow meter has been ordered and will be installed as soon as it is received (estimate 6-8 weeks).

8. The analytical laboratory indicated that the analyte concentration detected was an estimated value.

9. The analytical laboratory indicated that the analyte was also detected in the associated laboratory blank.

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	001 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing thi

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
FLOW RATE See Note #3	SAMPLE MEASUREMENT	******	1,243	(07)	******	******	******		0	QTRLY
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		QTRLY
[illegible]	SAMPLE MEASUREMENT	******	******		7.6	******	7.6	(12)	0	QTRLY
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY
[illegible] (2-[illegible]) PHTHALATE See Note #8	SAMPLE MEASUREMENT	******	******		******	******	2	(28)	0	QTRLY
39100 1 0 0 and #9 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY
DI-N-BUTYL PHTHALATE	SAMPLE MEASUREMENT	******	******		******	******	<10	(28)	0	QTRLY
39110 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DA
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	631-344-3424	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION S
[illegible] CONTENTS AND REQUIREMENTS

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

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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)*

NY0005835 — PERMIT NUMBER
001 B — DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

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

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

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
FLOW RATE See Note #3	SAMPLE MEASUREMENT	******	247	(07)	******	******	******		0	QTRLY
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	*** ****		QTRLY
PH	SAMPLE MEASUREMENT	******	******		7.4	******	7.4	(12)	0	QTRLY
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	******	******		******	******	112	(28)	0	QTRLY
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	UG/L		QTRLY
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	819	(28)	0	QTRLY
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	UG/L		QTRLY
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	4000	(28)	0	QTRLY
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	UG/L		QTRLY
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	******	******		******	******	20.4	(28)	0	QTRLY
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	UG/L		QTRLY
NICKEL, TOTAL (AS NI)	SAMPLE MEASUREMENT	******	******		******	******	42.1	(28)	0	QTRLY
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	UG/L		QTRLY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DA
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	631-344-3424	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
[illegible] TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTI

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 B — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

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(SUBR 01)
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*** NO DISCHARGE | | ***
NOTE: Read instructions before completing this

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	185	(28) UG/L	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX			QTRLY
1,2-DICHLOROETHANE 32103 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28) UG/L	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX			QTRLY
CHLOROFORM 32106 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28) UG/L	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX			QTRLY
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28) UG/L	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX			QTRLY
DICHLOROMETHANE EFFLUENT 34423 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28) UG/L	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX			QTRLY
BIS (2-ETHYLHEXYL) PHTHALATE See Note #8 39100 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	2	(28) UG/L	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX			QTRLY
DI-N-BUTYL PHTHALATE 39110 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<10	(28) UG/L	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX			QTRLY

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

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTIO

~~SEE ATTACHED ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~

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

NAME [illegible]

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 [illegible] AVE, BLDG 464
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	001 B
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 49

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	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			
[illegible] TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY	GRA
5314 [illegible]	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE	
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO

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

[illegible] OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
[illegible] TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION

EPA Form 3320-1 (Rev. 3/99) PREVIOUS EDITIONS ARE OBSOLETE. 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

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

NY0005835
PERMIT NUMBER

001 D
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

MAJOR
(SUBR 01)
F - FINAL
PHOTOPROCESSNG RINSE FROM

*** NO DISCHARGE | __ | ***

NOTE: Read instructions before completing th

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
FLOW RATE See Note #3 00055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	973	(07)	******	******	******		0	QTRLY
	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		QTRLY
pH See Note #6 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.2	******	7.9	(12)	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY
NITROGEN, TOTAL See Note (AS N) #6 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	41.8	(19)	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY
CYANIDES, TOTAL See Note (AS CN) #6 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<10	(28)	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY
SILVER, TOTAL See Note (AS AG) #6 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	3350	(28)	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY
CHROMIUM, TOTAL RECOVERABLE See Note 01030 1 0 0 #6 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		******	******	<5	(28)	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DAT
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		631-344-3424	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING

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

NAME [illegible]

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	001 E
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

*** NO DISCHARGE | X | ***

NOTE: Read instructions before completing th

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.	FREQUENC OF ANALYSIS
FLOW RATE	SAMPLE MEASUREMENT	******	No Discharge	(07)	******	******	******			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		QTRLY
PH	SAMPLE MEASUREMENT	******	******			******		(12)		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY
See Note #2	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE
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SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER C

~~ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~

U.S. GOVERNMENT PRINTING OFFICE 1999-462-907/22512

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 460
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)*

PERMIT NUMBER	DISCHARGE NUMBER
NY0005835	001 F

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this

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
FLOW RATE	SAMPLE MEASUREMENT	******	3,275	(07)	******	******	******		0	QTRLY
See Note #3	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		QTRLY
PH	SAMPLE MEASUREMENT	******	******			******	8.2	(12)	0	QTRLY
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY
PHENYLENE GLYCOL MONOMETHYL ETHER	SAMPLE MEASUREMENT	******	******		******	******	<0.5	(28)	0	QTRLY
42975 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DAT
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424	
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR / MO

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

[illegible] OF ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 — PERMIT NUMBER

001 M — DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing thi

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	75	(15)	0	DAILY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		DAILY
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<2	<2	(19)	0	3/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.3	******	6.9	(12)	0	DAILY
	PERMIT REQUIREMENT	******	******	**** ****	5.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<4	<4	(19)	0	3/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH
SOLIDS, SETTLEABLE 00545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.0	(25)	0	DAILY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	ML/L		DAILY
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	5.8	(19)	0	3/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.4	(19)	0	3/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	2 DAILY MX	MG/L		ONCE/ MONTH

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 | YEAR

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

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

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

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

NY0005835 — PERMIT NUMBER
001 M — DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

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

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

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
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.8	(19)	0	3/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<10	(28)	0	3/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	UG/L		WICE/ MONTH
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.04	(19)	0	3/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.15 DAILY MX	MG/L		ONCE/ MONTH
IRON, TOTAL (AS FE) See Note #1 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.09	(19)	0	3/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.37 DAILY MX	MG/L		ONCE/ MONTH
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.001	(19)	0	3/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.019 DAILY MX	MG/L		ONCE/ MONTH
NICKEL, TOTAL (AS NI) See Note #1 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.004	(19)	0	3/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.11 DAILY MX	MG/L		ONCE/ MONTH
SILVER, TOTAL (AS AG) See Note #1 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.002	(19)	0	3/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.015 DAILY MX	MG/L		ONCE/ MONTH

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

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

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

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835
PERMIT NUMBER

001 M
DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

***NO DISCHARGE | _ | ***

NOTE: Read instructions before completing this

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
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.04	(19)	0	3/MO
	PERMIT REQUIREMENT	******	******	********	******	******	0.1 DAILY MX	MG/L		ONCE/ MONTH
TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	3/MO
	PERMIT REQUIREMENT	******	******	********	******	******	5 DAILY MX	UG/L		TWICE/ MONTH
METHYLENE CHLORIDE 34423 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	3/MO
	PERMIT REQUIREMENT	******	******	********	******	******	5 DAILY MX	UG/L		TWICE/ MONTH
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	3/MO
	PERMIT REQUIREMENT	******	******	********	******	******	5 DAILY MX	UG/L		TWICE/ MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7	0.8	(03)	******	******	******		0	CONTIN RCORDE
	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	******	******	******	********		CONTI UOUS
MERCURY, TOTAL (AS HG) See Note #1 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.0001	(19)	0	3/MO
	PERMIT REQUIREMENT	******	******	********	******	******	0.0008 DAILY MX	MG/L		ONCE/ MONTH
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	11	30	(13)	0	3/MO
	PERMIT REQUIREMENT	******	******	********	******	200 DAILY AV	400 DAILY MX	#/ 100ML		ONCE/ MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	
Mr. f. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	631-344-3424	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE
[illegible] LIMITED TO USDOE ORDER 5400.5. __APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	001 M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this

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
2-BUTANONE	SAMPLE MEASUREMENT	******	******		******	******	<5	(28)	0	3/MO
78933 L 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	50 DAILY MX	UG/L		TWICE/C MONTH
COD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		795	******	******	(23)	0	3/MO
81010 1 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO AV MN	******	******	PER-CENT		ONCE/ C MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		>85	******	******	(23)	0	3/MO
81011 1 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO AV MN	******	******	PER-CENT		ONCE/ C MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424	
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR / MO

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

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

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

NAME D S E O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	001 0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

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

*** NO DISCHARGE | __ | ***

NOTE: Read instructions before completing this

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.065	(28)	0	QTRLY
	PERMIT REQUIREMENT	******	******	***** *****	******	******	REPORT DAILY MX	UG/L		QTRLY
See Note #4	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DA
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424	
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR / MO

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

NEW ANALYSIS TO USE EPA METHOD 608 WITH AN MDL GOAL OF 0.065 PPB

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing th

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
PH	SAMPLE MEASUREMENT	******	******			******		(12)		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***** *****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***** *****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	No Discharge	(03)	******	******	******			
	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	***** *****		ONCE/ MONTH
See Note #2	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DA
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424	
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR / M

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

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ON COLLECTION SYS IS EXTENDED TO 1010. THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #002

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)*

PERMIT NUMBER	DISCHARGE NUMBER
NY0005835	002 B

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

*** NO DISCHARGE | X | ***

NOTE: Read instructions before completing this

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
PH	SAMPLE MEASUREMENT	******	******			******		(12)		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	No Discharge	(03)	******	******	******			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH
See Note #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		DAT	
631-344-3424			
AREA CODE	NUMBER	YEAR	MO

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. ON STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISC

EPA Form 3320-1 (Rev. 2/90) Previous editions

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	002 M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
[illegible] 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.4	******	7.6	(12)	0	5/MO
	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(19)	0	1/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	0.3	(03)	******	******	******		0	5/MO
	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH
See Note #3	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DAT
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424	
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR / MO

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

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

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

PERMIT NUMBER	DISCHARGE NUMBER
NY0005835	002 0

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

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

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing thi

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
CHLOROFORM	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY
32105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	7 DAILY MX	UG/L		QTRLY
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		QTRLY
BROMODICHLOROMETHANE EFFLUENT	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY
38693 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	50 DAILY MX	UG/L		QTRLY
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	<0.05	(19)	0	QTRLY
35012 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY
TOLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	QTRLY
35813 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		QTRLY
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DA
Mr. Frank Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424	
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR / M

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

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS
[illegible] WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR D

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

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

NY0005835	002 R
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

*** NO DISCHARGE |X| ***
NOTE: Read instructions before completing this

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******		(19)		
05312 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	MG/L		QTRLY
TOLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******		(19)		
05313 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.2 DAILY MX	MG/L		QTRLY
See Note #2	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 631-344-3424
AREA CODE NUMBER
DAT YEAR MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE THE RHIC R
[illegible] STORMWATER COLLECTION SYSTEM IS EXTENDED TO 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 DELL AVE, BLDG 460
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835
PERMIT NUMBER

003 M
DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this f

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	S
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.6	(12)	0	5/MO	C
00400 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GF
TSS, TOTAL	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO	GR
00530 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.9	(03)	******	******	******		0	5/MO	R
50050 1 0 0	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RC
See Note #3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		631-344-3424	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO

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

SEE ATTACHED FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	003 0
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing thi

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.004	(19)	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5.0 DAILY MX	MG/L		QTRLY
1,1,1-TRICHLORO-ETHAN 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		QTRLY
2,2DIBROMO-3-NITRILO PROPIONAMIDE 70993 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY
1-HYDROXY-ETHYLIDENE 35812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.05	(19)	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY
TOLYTRIAZOLE 35813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	QTRLY
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		QTRLY
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

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

NO PROCESSIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835
PERMIT NUMBER

004 M
DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUE OF ANALY
H	SAMPLE MEASUREMENT	******	******			******	6.8	(12)	0	1/MO
00400 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.1	(03)	******	******	******		0	1/MO
50050 1 0 0	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONT
See Note #3	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

631-344-3424

AREA CODE | NUMBER | YEAR | M

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

SEE ATTACHED FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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

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

NY0005835	004 0
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing th

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	FREQUENC OF ANALYSI
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		QTRLY
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	QTRLY
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		QTRLY
	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. F. Crescenzo
Group Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DA	
631-344-3424			
AREA CODE	NUMBER	YEAR	M

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

CO ADDITIONAL WATER TREATMENT CHEMICALS W/O PRIOR NYSDEC APPROVAL
SEE REPORT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

PERMIT NUMBER	DISCHARGE NUMBER
NY0005835	005 M

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing th

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	FREQUENC OF ANALYSI
00400 1 0 0	SAMPLE MEASUREMENT	******	******		6.8	******	7.3	(12)	0	5/MO
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	REPORT MINIMUM	******	6.5 MAXIMUM	SU		ONCE/ MONT
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO
00556 1 0 0	PERMIT REQUIREMENT	******	******	*****	******	******	15 DAILY MX	MG/L		ONCE/ MONT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.1	(03)	******	******	******		0	5/MO
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	*****		ONCE/ MONT
See Note #3	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

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

This is a 4-part form

PAGE

U.S. GOVERNMENT PRINTING OFFICE 1999-462-907/22512

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 460
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)

PERMIT NUMBER	DISCHARGE NUMBER
NY0005835	005 0

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

*** NO DISCHARGE | | *

NOTE: Read instructions before completin

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQ ANA
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.005	(19)	0	QTR
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		QTR
1-HYDROXY-ETHYLIDENE 35813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.05	(19)	0	QTR
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	MG/L		QTR
POLYTRIAZOLE 35813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	QTR
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.2 DAILY MX	MG/L		QTR
	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 631-344-3424

AREA CODE | NUMBER | YEAR

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

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

U.S. GOVERNMENT PRINTING OFFICE 1999-462-907/22512

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

NAME [illegible]

ADDRESS BROOKHAVEN NATIONAL LABORATORY
[illegible] AVE, BLDG 464
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	007 M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
FLOW RATE	SAMPLE MEASUREMENT	******	280,000	(07)	******	******	******		0	13/MO
See Note #3 00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	*****		ONCE/MONTH
PH	SAMPLE MEASUREMENT	******	******		7.5	******	7.5	(12)	0	1/MO
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/MONTH
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	255,000	(28)	0	1/MO
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	******	REPORT DAILY MX	UG/L		ONCE/MONTH
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	733	(28)	0	1/MO
01046 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	******	REPORT DAILY MX	UG/L		ONCE/MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	631-344-3424
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER

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

[illegible] COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING [illegible] BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES.

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

PAGE

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

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

NY0005835 — PERMIT NUMBER
008 M — DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
STORMWTR RUNOFF WAREHOUS

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
FLOW RATE 00058 E 0 0 SEE NOTE #5 REPORT GROSS VALUE	SAMPLE MEASUREMENT	******	20,086	(07)	******	******	******		0	1/MO
	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONT
PH 00400 1 0 0 REPORT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.4	******	7.4	(12)	0	1/MO
	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONT
[illegible] 00556 1 0 0 REPORT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONT
1,1-DICHLOROETHYLENE 34561 1 0 0 REPORT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	1/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		ONCE/ MONT
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 REPORT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1	(29)	0	1/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		ONCE/ MONT
	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	YEAR

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

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

EPA Form 3320-1 (Rev. 3/99) Previous Edition

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

NAME U S D E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	010 M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing th

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENC OF ANALYSI
FLOW RATE	SAMPLE MEASUREMENT	******	2,520	(07)	******	******	******		0	1/MO
See Note #5	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONT
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.2	(12)	0	1/MO
	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONT
[illegible]	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO
	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONT
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424
TYPED OR PRINTED			AREA CODE / NUMBER / YEAR

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

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

U.S. GOVERNMENT PRINTING OFFICE 1999-462-907/22512

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

NAME D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	06A M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing th

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
H	SAMPLE MEASUREMENT	******	******		7.4	******	7.6	(12)	0	5/MO
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONT
OIL - GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.08	(03)	******	******	******		0	5/MO
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	*** ****		ONCE/ MONT
See Note #3	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DA
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		631-344-3424	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / M

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

USE BACK SIDE FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME [illegible]

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	06A 0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

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

*** NO DISCHARGE | __ | ***

NOTE: Read instructions before completing this

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	<.05	(19)	0	QTRLY
35812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY
TOLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	QTRLY
35913 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		QTRLY
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DA
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424 AREA CODE / NUMBER	YEAR / M
TYPED OR PRINTED				

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

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENT 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
068 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	09	01	TO	00	09	30

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

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this f

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
PH	SAMPLE MEASUREMENT	******	******		7.1	******	7.5	(12)	0	5/MO
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	15 DAILY MX	MG/L		ONCE/ MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	E0.3	(03)	******	******	******		0	1/MO
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	********		ONCE/ MONTH
See Note #7	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. 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

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

SEE ATTACHED FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME [illegible]
ADDRESS [illegible] NATIONAL LABORATORY
[illegible] ELL AVE, BLDG 464
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	06B 0
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	07	01	TO	00	09	30

*** NO DISCHARGE | | ***
NOTE: Read instructions before completin

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	Quality or Concentration MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQ ANA
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	<0.05	(19)	0	QTI
15912 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	******	0.5 DAILY MX	MG/L		QTR
POLYPHOSPHOLE	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	QTI
15913 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	******	0.2 DAILY MX	MG/L		QTR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE
Mr. F. Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		631-344-3424
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER / YEA

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

[illegible] AL PRIOR TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
[illegible] FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

U.S. GOVERNMENT PRINTING OFFICE 1999-462-907/22512