M. Allocco

Environmental Services Division

BROOKHAVEN
NATIONAL LABORATORY

Building 120
P.O. Box 5000
Upton, NY 11973-5000
Phone 631 344-8370
Fax 631 344-6079
cunniff@bnl.gov

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

www.bnl.gov

October 24, 2002

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

Dear Mr. Desmarais:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for September 2002
REFERENCE: Letter from Scott Mallette to Cunniff dated September 27, 2002

Included as Attachment I, please find the DMR for the month of September 2002. 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, III, and IV. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

With the exception of one excursion for total lead analysis at Outfall 010, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please refer to item eight of the Discharge Monitoring Report Notes section for a description of this excursion. Soils at this outfall contain lead at concentrations of up to 50,000 mg/kg due to historical operations at the Central Steam Facility. The elevated lead levels are thought to originate from suspended sediment during rain events. The source and extent of contamination is being investigated and plans to remediate the area are being prepared.

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 2002. 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 October 28, 2002.

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. In addition to the pre-printed DMR, we are providing a duplicate computer generated DMR for review by the NYSDEC. Duplicate DMRs will be submitted to the NYSDEC for approval before transitioning to providing the computer generated DMR instead of the pre-printed one.

Sincerely,

Robert Lee (for)

Lori Cunniff, CEP
Division Manager

LEC/MA:cr

Attachment I:	Discharge Monitoring Report for September 2002.
Attachment II:	Analytical Results from H2M Labs for samples collected on 9/4/02, 9/6/02, 9/9/02, 9/23/02, 9/25/02, and 9/27/02 from Outfall 001.
Attachment III:	Analytical Results from H2M Labs for samples collected from Outfalls 001A, 001B, 001D, 002, 002B, 005, 006A, 006B, 008, and 010.
Attachment IV:	Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls 001F, 002, 002B, 005, 006A, and 006B.
Attachment V:	Computer generated Discharge Monitoring Report for September 2002.
Attachment VI:	Non-Compliance Report for March SPDES Permit Excursion at Outfall 010.

cc:	M. Allocco	w/attachments	M. Baldwin	w/attachments
	M. Bebon	w/o attachments	K. Brog	w/o attachments
	W. Chaloupka	w/attachments	L. Cunniff	w/o attachments
	S. Dierker	w/o attachments	G. Granzen	w/o attachments
	J. Higbie	w/attachments	C. Johnson	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
	D. Van Duyne	w/attachments	M. Petersen	w/o attachments

EC62ER.02

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for September 2002
Discharge Monitoring Report Notes:

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

2. The associated matrix spike sample recovery was not within control limits.

3. The duplicate analysis for this sample was not within control limits.

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

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 two individual photographic processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentrations and total average flow have been reported in the DMR.

Location	Flow	pH	Total Nitrogen	Cyanide	Silver	Phenolics
1-87	0.3 GPD	5.6 SU	286 mg/L	30.1 µg/L	22.4 µg/L	11.8 µg/L
1-93B	39.5 GPD	7.3 SU	0.9 mg/L	< 10 µg/L	6.2[(a)] µg/L	< 5.0 µg/L
Total Flow	39.8 GPD					

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

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

8. The total lead concentration at outfall 010 on January 11, 2002 was 0.099 mg/L, which exceeds the permit level of 0.05 mg/L. Soils at this outfall contain lead at concentrations of up to 50,000 mg/kg due to historical operations at the Central Steam Facility. The source and extent of contamination is being investigated and plans to remediate the area are being prepared.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR SEPTEMBER 2002

FOR OUTFALLS NO. 001 – 010

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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 A — DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT	1186	******	(07)	******	******	******		0	03/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.2	(12)	0	01/90	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE	SAMPLE MEASUREMENT	******	******		******	******	<10	(28)	0	01/90	GR
39100 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
DI-N-BUTYL PHTHALATE	SAMPLE MEASUREMENT	******	******		******	******	<10	(28)	0	01/90	GR
39110 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael D. Holland
~~Xxxxxxxxxxxxxxxx~~
~~Acting~~ Area Group Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: YEAR / MO / DAY

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM
~~SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~

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

This is a 4-part form.

01260/020910-1938

PAGE 1 OF

Form Approved.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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	001 B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT	455	******	(07)	******	******	******		0	01/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		6.9	******	6.9	(12)	0	01/90	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
CHROMIUM, TOTAL (AS CR) See Note 2 & 3	SAMPLE MEASUREMENT	******	******		******	******	161	(28)	0	01/90	GR
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	408	(28)	0	01/90	GR
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
IRON, TOTAL (AS FE) See Note 2 & 3	SAMPLE MEASUREMENT	******	******		******	******	3900	(28)	0	01/90	GR
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
MANGANESE, TOTAL (AS MN) See Note 3	SAMPLE MEASUREMENT	******	******		******	******	37.4	(28)	0	01/90	GR
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
NICKEL, TOTAL (AS NI) See Note 2 & 3	SAMPLE MEASUREMENT	******	******		******	******	77.1	(28)	0	01/90	GR
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Mr. Michael D. 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	631 344-3424 AREA CODE NUMBER	YEAR MO DAY

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS
~~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
BROOKHAVEN AREA OFFICE
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 B — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

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

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	******	65.6	(28)	0	01/90	GR
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,2-DICHLOROETHANE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
32103 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
CHLOROFORM	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
32106 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
BROMODICHLOROMETHANE EFFLUENT	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
38693 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE	SAMPLE MEASUREMENT	******	******		******	******	< 10	(28)	0	01/90	GR
39100 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
DI-N-BUTYL PHTHALATE	SAMPLE MEASUREMENT	******	******		******	******	< 10	(28)	0	01/90	GR
39110 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael D. 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 (AREA CODE) 344-3424 (NUMBER)

DATE: YEAR MO DAY

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

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SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS
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EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

01262/020910-1938 This is a 4-part form.

Form Approved

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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	001 B
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	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			
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	01/90	GR
85814 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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 COLLECTION SYS
~~SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~

Form Approved

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

NY0005835	001 D
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

MAJOR
(SUBR 01)
F - FINAL
PHOTOPROCESSNG RINSE FROM 197B

*** 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 6	SAMPLE MEASUREMENT	39.8	******	(07)	******	******	******		0	03/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH See Note 6	SAMPLE MEASUREMENT	******	******		5.6	******	7.3	(12)	0	02/90	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
NITROGEN, TOTAL See Note (AS N) 6	SAMPLE MEASUREMENT	******	******		******	******	286	(19)	0	01/90	GR
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	GRAB
CYANIDE, TOTAL See Note (AS CN) 6	SAMPLE MEASUREMENT	******	******		******	******	30.1	(28)	0	01/90	GR
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
SILVER, TOTAL See Note (AS AG) 6	SAMPLE MEASUREMENT	******	******		******	******	22.4	(28)	0	01/90	GR
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
PHENOLICS, TOTAL RECOVERABLE See Note 6	SAMPLE MEASUREMENT	******	******		******	******	11.8	(28)	0	01/90	GR
32730 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING
~~SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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	001 E
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	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			
FLOW RATE	SAMPLE MEASUREMENT	17	******	(07)	******	******	******		0	09/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		9.5	******	10.0	(12)	0	09/90	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS
~~SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~

COMPANY NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
Address BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
CONTACT GEORGE HALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER
001 F — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

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

*** 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	SAMPLE MEASUREMENT	11176	******	(07)	******	******	******		0	03/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		8.3	******	8.3	(12)	0	01/90	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
PROPYLENE GLYCOL MONOBUTYL ETHER	SAMPLE MEASUREMENT	******	******		******	******	< 500	(28)	0	01/90	GR
49875 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael D. Holland
Area Group Manager
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 631 NUMBER 344-3424

DATE: YEAR MO DAY

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS
~~SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~

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

01266/0[illegible]

PAGE [illegible] OF [illegible]

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U.S.D.O.E.
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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 H
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30

Form Approved.
OMB No. 2040-0004

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
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	77	(15)	0	01/01	GR
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	<2	2	(19)	0	06/30	24
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		6.1	******	6.4	(12)	0	01/01	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	5.8 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	<4	<4	(19)	0	06/30	24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******	0.0	(25)	0	01/01	GR
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	ML/L		DAILY	GRAB
NITROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	7.1	(19)	0	06/30	24
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	0.47	(19)	0	06/30	24
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	2 DAILY MX	MG/L		ONCE/ MONTH	COMP24

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

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~~

01267/020910-1936

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
BROOKHAVEN AREA OFFICE
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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	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			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	******	1.4	(19)	0	06/30	24
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	06/30	GR
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	UG/L		TWICE/ MONTH	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.055	(19)	0	06/30	24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.19	(19)	0	06/30	24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.37 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL See Note 1 (AS PB)	SAMPLE MEASUREMENT	******	******		******	******	0.0009	(19)	0	06/30	24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NICKEL, TOTAL See Note 1 (AS NI)	SAMPLE MEASUREMENT	******	******		******	******	0.0061	(19)	0	06/30	24
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.11 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SILVER, TOTAL See Note 1 (AS AG)	SAMPLE MEASUREMENT	******	******		******	******	0.0035	(19)	0	06/30	24
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.015 DAILY MX	MG/L		ONCE/ MONTH	COMP24

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

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.

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
BROOKHAVEN AREA OFFICE
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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	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)	SAMPLE MEASUREMENT	******	******		******	******	0.056	(19)	0	06/30	24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	MG/L		ONCE/ MONTH	COMP24
TOLUENE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	06/30	GR
34010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	06/30	GR
34423 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	06/30	GR
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.48	0.60	(03)	******	******	******		0	99/99	RC
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******	******	0.0002	(19)	0	06/30	24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.0008 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	<2	<2	(13)	0	06/30	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	200 DAILY AV	400 DAILY MX	#/ 100ML		ONCE/ MONTH	GRAB

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

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

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

COMPANY NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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	001 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	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	SAMPLE MEASUREMENT	******	******		******	******	<5	(28)	0	06/30	GR
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	******	50 DAILY MX	UG/L		TWICE/MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		>94	******	******	(23)	0	01/30	CA
81010 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	******	******	*****	85 NO AV MN	******	******	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		>90	******	******	(23)	0	01/30	CA
81011 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	******	******	*****	85 NO AV MN	******	******	PER-CENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael D. 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

Form Approved.
OMB No. 2040-0004

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

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

NY0005835	001 Q
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	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			
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.065	(28)	0	06/30	GR
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
See Note 7	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		DATE		
Mr. Michael D. Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	344-3424	YEAR	MO	DAY
TYPED OR PRINTED			AREA CODE	NUMBER			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
PCB ANALYSIS TO USE EPA METHOD 608 WITH AN MDL GOAL OF 0.065 PPB

COMPANY NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
CONTACT GEORGE HALOSH, GROUP MGR

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

Form Approved
OMB No. 2040-0004

NY0005835	002 B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30

MAJOR
(SUBR 01)
F - FINAL
RF(1004) & BRAHMS(1002) 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	******	******		7.9	******	8.2	(12)	0	04/30	GR
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	01/30	GR
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	******	0.003	(03)	******	******	******		0	04/30	RC
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
See Note 4	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael D. 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.

BIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 631 NUMBER 344-3424

DATE: YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE TO NEW BASIN.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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	002 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.9	(12)	0	04/30	GR
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	01/30	GR
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	0.0068	******	(03)	******	******	******		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	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			TELEPHONE		DATE		
Mr. Michael D. Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631	344-3424	YEAR	MO	DAY
TYPED OR PRINTED			AREA CODE	NUMBER			

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
BROOKHAVEN AREA OFFICE
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	002 9

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

*** 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
ALUMINUM, TOTAL See Note (AS AL) 1	SAMPLE MEASUREMENT	******	******		******	******	0.051	(19)	0	01/90	GR
01105 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.0 DAILY MX	MG/L		QTRLY	GRAB
CHLOROFORM See Note 9	SAMPLE MEASUREMENT	******	******		******	******	<0.5	(28)	0	01/90	GR
32106 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	7 DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE See Note 9	SAMPLE MEASUREMENT	******	******		******	******	<0.5	(28)	0	01/90	GR
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	5 DAILY MX	UG/L		QTRLY	GRAB
BROMODICHLOROMETHANE EFFLUENT See Note 9	SAMPLE MEASUREMENT	******	******		******	******	<0.5	(28)	0	01/90	GR
38693 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	50 DAILY MX	UG/L		QTRLY	GRAB
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	<0.05	(19)	0	01/90	GR
05812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	01/90	GR
05813 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael D. 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.

BIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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
~~SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR DETECTOR~~

EPA Form 3320-1 (Rev. 3-99) Previous editions may be used.
This is an NPDES form.
01274/020191-1-18
PAGE 1 OF 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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	002 R
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
RF(1004) & BRAHHS(1002) BLOWDN

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	0.05	(19)	0	01/90	GR
85812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	01/90	GR
85813 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Mr. Michael D. 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	631 344-3424 AREA CODE NUMBER	YEAR MO DAY

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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	005 M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30

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

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.5	******	8.4	(12)	0	04/30	GR
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	01/30	GR
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	0.047	******	(03)	******	******	******		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	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 D. 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 (AREA CODE) 344-3424 (NUMBER)

DATE: YEAR MO DAY

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

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

This is a 4-part form

01276/020710-1938

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
BROOKHAVEN AREA OFFICE
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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT	******	360000	(07)	******	******	******		0	15/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.5	******	7.5	(12)	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael D. 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)
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~~

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

This is a 4-part form

01278/026910-1938

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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
008 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 5	SAMPLE MEASUREMENT	******	2884	(07)	******	******	******		0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.9	******	7.9	(12)	0	01/30	GR
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	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	01/30	GR
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	01/30	GR
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael D. 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)

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.

COMPANY NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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

008 0
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
SW RUNOFF FROM WAREHOUSE AREA

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	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			
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******	******	0.51	(19)	0	01/90	GR
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.0 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael D. 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)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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	010 M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	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			
FLOW RATE See Note 5	SAMPLE MEASUREMENT	******	67	(07)	******	******	******		0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		8.0	******	8.0	(12)	0	01/30	GR
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	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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
BROOKHAVEN AREA OFFICE
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

010 Q
DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
SW RUNOFF FROM CENTRAL STH (H)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	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			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.035	(19)	0	01/90	GR
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		QTRLY	GRAB
LEAD, TOTAL (AS PB) See Note 8	SAMPLE MEASUREMENT	******	******		******	******	0.099	(19)	1	01/90	GR
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	.05 DAILY MX	MG/L		QTRLY	GRAB
VANADIUM, TOTAL See Note 1 (AS V)	SAMPLE MEASUREMENT	******	******		******	******	0.041	(19)	0	01/90	GR
01087 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******	******	1.5	(19)	0	01/90	GR
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.0 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael D. 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)

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

This is a 1-part form

01282/020910-1930

PAGE 1 OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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	06A M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.6	******	7.8	(12)	0	04/30	GR
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	01/30	GR
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	0.077	******	(03)	******	******	******		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	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			TELEPHONE		DATE		
Mr. Michael D. Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		631	344-3424			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

Form Approved.
OMB No. 2040-0004

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

PERMIT NUMBER: NY0005835
DISCHARGE NUMBER: 06A 0

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

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

COMMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	<0.05	(19)	0	01/90	GR
05032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	01/90	GR
05013 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
SEE PERMIT FOR ADDITIONAL NOTES, COMMENT AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
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	068 H
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30

*** 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	******	******		7.5	******	8.0	(12)	0	04/30	GR
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	01/30	GR
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	0.44	******	(03)	******	******	******		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	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 D. 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)
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

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BROOKHAVEN AREA OFFICE
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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30

MAJOR
(SUBR 01)
F - FINAL
COOLG TOWRS 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			
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	0.29	(19)	0	01/90	GR
85812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	< 0.005	(19)	0	01/90	GR
85813 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael D. Holland
Area Group Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

ATTACHMENT VI

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR SEPTEMBER 2002

NON-COMPLIANCE REPORT

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: DEC Water Contact R. Sorrentino **DEC Region:** 1

Report Type: ___ 5 Day X Permit Violation ___ Order Violation ___ Anticipated Noncompliance ___ Bypass/Overflow

SECTION 2

SPDES #: NY- 0005835 **Facility:** U.S. Department of Energy/Brookhaven National Laboratory

Date of noncompliance: 8 / 20 / 02 **Location (Outfall, Treatment Unit, or Pump Station):** 010

Description of noncompliance(s) and cause(s): The total lead concentration at outfall 010 was 0.099 mg/L, which exceeds the permit level of 0.05 mg/L. Due to historical soil contamination up to 50,000 mg/kg, at this outfall the elevated concentrations are thought to be from suspended sediment during rain events. Filtered and unfiltered samples will be collected until remediation is completed. Filtered samples meet the SPDES limit.

Has event ceased? (Yes) (No) **If so, when?** ___ **Was event due to plant upset?** (Yes) (No) **SPDES limits violated?** (Yes) (No)

Start date, time of event: 8 / 20 / 02, 8 : 50 (AM) (PM) **End date, time of event:** ___ / ___ / ___, ___ : ___ (AM) (PM)

Date, time oral notification made to DEC? ___ / ___ / ___, ___ : ___ (AM) (PM) **DEC Official contacted:** ___

Immediate corrective actions: The Laboratory is installing a geotextile and rock ballast over contaminated soils in order to prevent resuspension.

Preventive (long term) corrective actions: The Laboratory is currently investigating the source and extent of contamination and plans to remediate the area are nearing completion.

SECTION 3

Complete this section if event was a bypass:

Bypass amount: ___ Was prior DEC authorization received for this event? (Yes) (No)

DEC Official contacted: ___ Date of DEC approval: ___ / ___ / ___

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: ___ **Title:** ___ **Date:** ___ / ___ / ___

Phone #: (___) ___ - ___ **Fax #:** (___) ___ - ___