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

September 19, 2001

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

Dear Mr. Desmarais:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for August 2001
REFERENCE: Letter from Robert Desmarais to Cunniff dated August 30, 2001

Included as Attachment I, please find the DMR for the month of August 2001. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team. With the exception of one excursion for pH for Outfall 005, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. With regard to pH the sample collected on August 10, 2001 exhibited a pH of 8.9 SU. This value exceeded the SPDES permit limit of 8.5 SU. A Noncompliance Report has been prepared and included as Attachment IV.

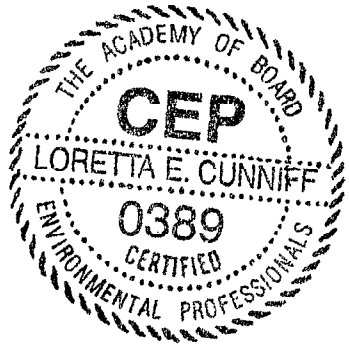
Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 002, 003, 005, 006A, and 006B are, therefore, daily averages. Collection and analysis of the SPDES permit 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 August 2001.

Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than September 28, 2001. If there are any questions

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

Sincerely,

Lori Cunniff, CEP
Division Manager



LEC/MA:cr

Attachment I: Discharge Monitoring Report for August 2001.

Attachment II: Analytical Results from H2M Labs for samples collected on 8/6/01 and 8/9/01 from Outfall 001.

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

Attachment IV: Noncompliance Report for August SPDES Permit Excursion at Outfall 005.

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

EC62ER.01

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for August 2001
Discharge Monitoring Report Notes:

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

2. There was no discharge from Outfalls 002A and 002B during this reporting period. In May Outfalls 002A and 002B were connected to the stormwater collection systems and no longer discharge locally. The cooling water discharge from Bldg. 1002 (002A) is now directed to Outfall 002B located at Building 1004. The cooling water discharge from Bldg. 1010 is now directed to Outfall 002 (HN). A SPDES permit modification package has been submitted to the NYSDEC to reflect this change.

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

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

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

6. The percent removal for BOD, 5-day was calculated using one half the MDL. All samples collected on 8/6/01 and 8/9/01 were below the detection limit of 2 mg/L.

7. The pH concentration was above the performance criteria of 8.5 SU for the grab sample collected on 8/10/01. Please see Attachment IV for a description of this excursion.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR AUGUST 2001

FOR OUTFALLS NO. 001 – 010

Form Approved.
OMB No. 2040-0004

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

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

NY0005835 — PERMIT NUMBER
001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	81	(15)	0	5/7	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<2	<2	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.2	******	6.7	(12)	0	DAILY	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	5.8 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<4	<4	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SOLIDS, SETTLEABLE 00545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.0	(25)	0	5/7	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	ML/L		DAILY	GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	5.4	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.2	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	2 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
AREA CODE | NUMBER

DATE
YEAR | MO | DAY

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

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

Form Approved.
OMB No. 2040-0004

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

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

NY0005835 — PERMIT NUMBER
001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	1.8	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<10	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	UG/L		TWICE/ MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.04	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.24	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.37 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB) See Note 1 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.003	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NICKEL, TOTAL (AS NI) See Note 1 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.004	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.11 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SILVER, TOTAL (AS AG) See Note 1 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.003	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.015 DAILY MX	MG/L		ONCE/ MONTH	COMP24

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: YEAR / MO / DAY

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

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

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

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

NY0005835 — PERMIT NUMBER
001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.03	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	MG/L		ONCE/ MONTH	COMP24
TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
METHYLENE CHLORIDE 34423 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6	0.7	(03)	******	******	******		0	CONTINUOUS RECORDR.	
	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	******	******	****** ****	****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG) See Note 1 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.0001	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.0008 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	< 2	< 2	(13)	0	2/MO	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	200 DAILY AV	400 DAILY MX	#/ 100ML		ONCE/ MONTH	GRAB

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE — AREA CODE: 631 — NUMBER: 344-3424

DATE — YEAR | MO | DAY

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

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This is a 4-part form. PAGE OF

Form Approved.
OMB No. 2040-0004

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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 M — DISCHARGE NUMBER

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2-BUTANONE	SAMPLE MEASUREMENT	******	******		******	******	< 5	(28)	0	2/MO	GRAB
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** ****	****	******	******	50 DAILY MX	UG/L		TWICE/ MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL See Note 6	SAMPLE MEASUREMENT	******	******		> 88	******	******	(23)	0	1/MO	CALCTD
81010 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	******	****** ****	****	85 MO AV MN	******	******	PER- CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		> 95	******	******	(23)	0	1/MO	CALCTD
81011 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	******	****** ****	****	85 MO AV MN	******	******	PER- CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 631 NUMBER 344-3124

DATE: YEAR MO DAY

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

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SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

Form Approved.
OMB No. 2040-0004

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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 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	No Discharge	(03)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	******		ONCE/ MONTH	RECORDR
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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TELEPHONE
631 344-3424
AREA CODE | NUMBER

DATE
YEAR | MO | DAY

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

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

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

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

Form Approved.
OMB No. 2040-0004

NY0005835	002 B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

*** NO DISCHARGE [XX] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	No Discharge	(03)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 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.~~

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
FACILITY 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 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.7	******	8.5	(12)	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.01	(03)	******	******	******		0	4/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
AREA CODE 631 NUMBER 344-3424

DATE
YEAR MO DAY

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

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

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

OMB No. 2040-0004

NY0005835	003 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

*** NO DISCHARGE [__] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	******	******		7.1	******	7.9	(12)	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.7	(03)	******	******	******		0	4/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCURDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
631	344-3424

DATE

YEAR	MO	DAY

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

EPA Form 3320-1 (This is a 4-part form.)

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
FACILITY 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 WTR (HP)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
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	RCORDR
See Note 5	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631-344-3424
AREA CODE | NUMBER

DATE
YEAR | MO | DAY

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

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

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

OMB No. 2040-0004

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

NY0005835 — PERMIT NUMBER
005 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH See Note 7	SAMPLE MEASUREMENT	******	******		7.9	******	8.9	(12)	1	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.2	(03)	******	******	******		0	4/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DATE: YEAR / MO / DAY

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

Form Approved.
OMB No. 2040-0004

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

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

NY0005835 — PERMIT NUMBER
007 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	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 4	SAMPLE MEASUREMENT	******	280,000	(07)	******	******	******		0	9/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		6.7	******	6.7	(12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	624,000	(28)	0	1/MO	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		ONCE/ MONTH	GRAB
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	1,880	(28)	0	1/MO	GRAB
01046 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 631 NUMBER 344-3424

DATE: YEAR MO DAY

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

SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES.
~~SEE PERMIT FOR ADDITIONL NOTES, COMMENTS & REQUIREMENTS~~

This is a 1-part form. PAGE OF

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

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

OMB No. 2040-[illegible]

NY0005835	008 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 4	SAMPLE MEASUREMENT	******	9,623,755	(07)	******	******	******		0	1/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		5.8	******	5.8	(12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	1/MO	GRAB
4501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	1/MO	GRAB
4506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

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

This is a 4-part form.

01222/010811-0959

PAGE 1 OF

Form Approved.
OMB No. 2040-0004

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

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

NY0005835 — PERMIT NUMBER
010 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	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 4	SAMPLE MEASUREMENT	******	487,277	(07)	******	******	******		0	1/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.2	(12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631-344-3424
AREA CODE | NUMBER

DATE
YEAR | MO | DAY

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

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

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

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

Form Approved.
OMB No. 2040-0004

NY0005835	06A N
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

*** 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			
H	SAMPLE MEASUREMENT	******	******		7.5	******	8.0	(12)	0	4/MO	GRAB
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
IL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5	(19)	0	1/MO	GRAB
0556 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.07	(03)	******	******	******		0	4/MO	RCORDR
0050 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
ee Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 631 NUMBER 344-3424

DATE: YEAR MO DAY

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

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

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

Form Approved.
OMB No. 2040-0004

NY0005835 — PERMIT NUMBER
06B M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	08	01	TO	01	08	31

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

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
H	SAMPLE MEASUREMENT	******	******		7.6	******	7.8	(12)	0	4/MO	GRAB
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
IL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5	(19)	0	1/MO	GRAB
0556 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.4	(03)	******	******	******		0	4/MO	RCORDR
0050 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

EE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS