ATTACHMENT II

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JANUARY 2000

ANALYTICAL RESULTS FROM H2M LABS, INC.

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

1/6/00, AND 1/10/00

FROM OUTFALL 001

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
NY0005835	06B M

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98.

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

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
					8.14		8.35		0	4/mo	grab
00400 1 0 1	PERMIT REQUIREMENT	******	******	****	REPORT	******	9.0			ONCE/	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU		MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
							<5		0	1/mo	grab
00556 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	15			ONCE/	GRAB
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	******		(03)	******	******	******				
THRU TREATMENT PLANT			0.15						0	4/mo	record
50050 1 0 0	PERMIT REQUIREMENT	******	REPORT		******	******	******	****		ONCE/	RECORDR
EFFLUENT GROSS VALUE			DAILY MX	MGD				****		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Mr. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	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 & REQUIREMENTS

see attached notes

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

NAME U S D O E

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

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	06A M
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.86	******	8.86	(12)	0	4/mo	grab
00400 1 0 1 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	******	0.28	(03)	******	******	******		0	4/mo	record
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****	ONCE/ MONTH	RCORDR	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Mr. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	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)*

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME U S D O E

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

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 (2-16)	010 M (17-19)
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	******	5,149	(07)	******	******	******		0	1/mo	Instar
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	****** ****	****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.8	******	7.8	(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
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Mr. George J. Malosh Group Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	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)*

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

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

NAME U S D O E

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

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 (2-16)	008 M (17-19)
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	******		(07)	******	******	******		0	1/mo	INstan
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	16.032 REPORT DAILY MX	GPD	******	******	****** ****	****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.35	******	7.35	(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
1,1-DICHLORDETHYLENE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	1/mo	grab
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** ****	****	******	******	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	1/mo	grab
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** ****	****	******	******	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Mr. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		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)*

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.

see attached notes

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

NAME U S D O E

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

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
NY0005835	007 M

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	******	No Discharge	(07)	******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******		(28)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		ONCE/ MONTH	GRAB
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	******	******		******	******		(28)			
01046 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		ONCE/ MONTH	GRAB
(see note 2)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Mr. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	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)*

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 ADDITIONAL NOTES, COMMENTS & REQUIREMENTS~~ see attached notes

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

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

NY0005835	005 M
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.82	******	7.89	(12)		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	******	******		******	******	<5.0	(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	******	0.17	(03)	******	******	******		0	1/mo	recorde
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RECORDR
(see note 3)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Mr. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	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 ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

see attached notes

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
NY0005835	004 M

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.50	******	6.50	(12)	0	1/mo	grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU	ONCE/ MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.15	(03)	******	******	******		0	1/mo	recorc
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****	ONCE/ MONTH	RECORD	
(see note 3)	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. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	631 344-3424 AREA CODE NUMBER	YEAR MO DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

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

NY0005835	003 M
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.72	******	8.18	(12)	0	4/MO	grab
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	∠ 5.0	(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	******	0.71	(03)	******	******	******		0	1/mo	recod
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	****** **** ****			ONCE/ MONTH	RECORDR
(see note 3)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		TELEPHONE	DATE
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

(REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.) 01223/000113-2023

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

NAME U S D O E

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

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
NY0005835	002 H

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
					7.60		7.93		0	4/mo	grab
00400 1 0 1	PERMIT REQUIREMENT	******	****** ****		REPORT	******	9.0		ONCE/	GRAB	
EFFLUENT GROSS VALUE			****		MINIMUM		MAXIMUM	SU	MONTH		
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
							<5.0		0	1/mo	grab
00556 1 0 0	PERMIT REQUIREMENT	******	****** ****		******	******	15		ONCE/	GRAB	
EFFLUENT GROSS VALUE			****				DAILY MX	MG/L	MONTH		
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	******		(03)	******	******	******				
THRU TREATMENT PLANT			0.16						0	4/mo	recorde
50050 1 0 0	PERMIT REQUIREMENT	******	REPORT		******	******	****** ****		ONCE/	RECORDR	
EFFLUENT GROSS VALUE			DAILY MX	MGD				****	MONTH		
(see note 3)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Mr. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	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 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.~~ see attached notes

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
NY0005835	002 B

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

*** NO DISCHARGE [X] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		[redacted]	******	[redacted]	(12)	[redacted]		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	XXXX	(19)	[redacted]		
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 [redacted]	(03)	******	******	******		XXX	[redacted]	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	RECORDR
([redacted]) (see note 2)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Mr. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	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)*

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.

see attached notes

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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
ITTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
NY0005835	002 A

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
H	SAMPLE MEASUREMENT	******	******			******		(12)			
0400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
IL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
0556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	No Discharge	(03)	******	******	******				
0050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	CORDR
(see note 2)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Mr. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	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)*
DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE SW COLLECTION SYS IS EXTENDED TO 1010, THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #002 &

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

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
NY0005835	001 M

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
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	SAMPLE MEASUREMENT	******	******		>92	******	******	(23)	0	2/mo	calc
81010 K 0 2 PERCENTREMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO AV MN	******	******	PER-CENT	ONCE/ MONTH		CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		>90	******	******	(23)	0	2/mo	calc
81011 K 0 2 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			TELEPHONE	DATE
Mr. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	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)*
QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.
~~SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS~~ see attached notes

(REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.)

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

NAME U S D O E

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

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 (2-16)	001 M (17-19)
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	******	0.03	(19)	0	2/mo	24 h comp
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.1 DAILY MX	MG/L		ONCE/ MONTH	COMP24
TOLUENE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	2/mo	grab
34010 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	2/mo	grab
34423 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	<1	(28)	0	2/mo	grab
34506 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.483	0.670	(03)	******	******	******		0	continuous recorder	
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	******	******	****** **** ****			CONTIN UOUS	RECORDI
MERCURY, TOTAL (AS HG) (SEE NOTE 1)	SAMPLE MEASUREMENT	******	******		******	******	0.0002	(19)	0	2/mo	24 h comp
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.0008 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COLIFORM, FECAL GENERAL (see note 4)	SAMPLE MEASUREMENT	******	******		******	451	900	(13)	1	2/mo	grab
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. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	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)*

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~~SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS~~ ~~see attached notes~~

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

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

NY0005835	001 M
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	******	0.94	(19)	0	2/mo	24 hr. comp
00665 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L	ONCE/ MONTH		COMP24 HR
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	******	******		******	******	<10	(28)	0	2/mo	grab
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	UG/L	TWICE/ MONTH		GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	.04	(19)	0	2/mo	24 hr. comp
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.15 DAILY MX	MG/L	ONCE/ MONTH		COMP24 HR
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.19	(19)	0	2/mo	24 hr. comp
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.37 DAILY MX	MG/L	ONCE/ MONTH		COMP24 HR
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******	******	0.005	(19)	0	2/mo	24 hr comp
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.019 DAILY MX	MG/L	ONCE/ MONTH		COMP24 HR
NICKEL, TOTAL (see note (AS NI) 1)	SAMPLE MEASUREMENT	******	******		******	******	0.004	(19)	0	2/mo	24 hr comp
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.11 DAILY MX	MG/L	ONCE/ MONTH		COMP24 HR
SILVER, TOTAL(see note (AS AG) 1)	SAMPLE MEASUREMENT	******	******		******	******	0.004	(19)	0	2/mo	24 hr comp
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.015 DAILY MX	MG/L	ONCE/ MONTH		COMP24 HR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Mr. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		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.

see attached notes

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME U S D O E

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

FACILITY LOCATION BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	001 M
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	01	01	TO	00	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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

*** NO DISCHARGE |__| ***

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	57.2	(15)	0	5/7	grab
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F	DAILY	GRAB	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	8 <2	16 <2	(19)	0	2/mo	24 hr comp
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L	ONCE/ MONTH	COMP24	
PH	SAMPLE MEASUREMENT	******	******		7.1	******	7.7	(12)	0	Cont. ~~5/7~~	Recorder ~~grab~~
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.8 MINIMUM	******	9.0 MAXIMUM	SU	DAILY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	<4	<4	(19)	0	2/mo	24 hr comp
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	5/7	grab
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	ML/L	DAILY	GRAB	
NITROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	6.6	(19)	0	2/mo	24 hr comp
00600 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L	ONCE/ MONTH	COMP24	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	0.5	(19)	0	2/mo	24 hr comp
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. George J. Malosh Group Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631 344-3424			
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR / MO / DAY

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see attached notes

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

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

3. There was no discharge from Outfalls 002A, 002B and 007 during this reporting period.

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

5. The concentration of coliform in the sample collected on 1/6/00 (900 MPN/100 ml) exceeds the maximum concentration limitation of 400 MPN/100 ml. Please see Attachment IV for a description of this excursion.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JANUARY 2000

FOR OUTFALLS NO. 001 - 010