Environmental and Waste Management Services

120 E. Fifth Ave., Bldg. 860
P. O. Box 5000
Upton, NY 11973-5000
Phone 631 344-4549
Fax 631 344-7334
goode@bnl.gov

BROOKHAVEN
NATIONAL LABORATORY

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

September 16, 2003

Mr. Scott Mallette
Director, Operations Management Division
U. S. Department of Energy
Brookhaven Group
Upton, NY 11973

Dear Mr. Mallette:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for August 2003

Included as Attachment I, please find the DMR for the month of August 2003. Chemical analyses for the reported parameters are conducted by NYS Department of Health certified laboratories. As of June 1, 2003, General Engineering Laboratories (GEL) will be performing most of the analyses on all SPDES samples. The BNL Analytical Services Laboratory will be performing metals and volatile organic compound analyses whereas H2M Labs, Inc. will be performing the BOD_5, Nitrogen series, and fecal coliform analyses. 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 and Waste Management Services Division, Field Sampling Team.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations. 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 and Waste Management Services Division or the Plant Engineering Division. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of August 2003.

Although it is no longer necessary for BNL to include copies of the laboratory analysis when submitting the DMR, we are including them in the package submitted to you for record-keeping purposes. You do not have to forward the analytical reports to the NYSDEC-Region 1 or SCDHS when submitting the DMR.

NSF
REGISTERED TO
ISO 14001: 1996

Please sign each page of the computer generated DMR where indicated and transmit it to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than September 28, 2003. 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,

George A. Goode
Environmental & Waste Management Services
Division Manager

GAG/MA:car

Attachment I: Discharge Monitoring Report for August 2003.

Attachment II: Analytical Results from H2M Labs Inc., the BNL Analytical Services Laboratory, and GEL LLC for samples collected on 8/4/03 and 8/6/03 from Outfall 001.

Attachment III: Analytical Results from GEL LLC for samples collected from Outfalls 002, 005, and 006A.

cc:	M. Allocco	w/attachments	M. Baldwin	w/attachments
	M. Bebon	w/o attachments	W. Chaloupka	w/attachments
	S. Dierker	w/o attachments	G. Goode	w/o Attachments
	G. Granzen	w/o attachments	C. Johnson	w/o attachments
	K. Klaus	w/attachments	R. Lee	w/attachments
	E. Lessard	w/o attachments	D. Lowenstein	w/o attachments
	E. Murphy	w/attachments	A. Queirolo	w/o attachments
	V. Radeka	w/o attachments	B. Style	w/o attachments
	J. Tarpinian	w/o attachments	D. Van Duyne	w/attachments

EC62ER.03

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for August 2003
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 002B, 006B, 008, and 010 during this reporting period.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR AUGUST 2003

FOR OUTFALLS NO. 001 – 010

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	001 M Discharge Number

MAJOR
(SUBR 01)
F - FINAL

Monitoring Period From YR	MO	DY	To YR	MO	DY
03	08	01	03	08	31

PROCESS SANIT & STORMWTR RNOFF

*** No Discharge ☐ ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	79	(15)	0	01/01	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	6	14	(19)	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.1	******	6.5	(12)	0	01/01	GR
	PERMIT REQUIREMENT	******	******	**** ****	5.8 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.4	0.9	(19)	0	02/30	24
	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	01/01	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	ML/L		DAILY	GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	4.0	(19)	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.10	(19)	0	02/30	24
	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

Date Signed

Comments and Explanation of any violations (Reference all attachments here)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	001 M Discharge Number

Monitoring Period From YR	MO	DY	To YR	MO	DY
03	08	01	03	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	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	79	(15)	0	01/01	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	6	14	(19)	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.1	******	6.5	(12)	0	01/01	GR
	PERMIT REQUIREMENT	******	******	**** ****	5.8 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.4	0.9	(19)	0	02/30	24
	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	01/01	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	ML/L		DAILY	GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	4.0	(19)	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.10	(19)	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	2 DAILY MX	MG/L		ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		
Mr. Michael Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-3424
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	Date Signed

Comments and Explanation of any violations (Reference all attachments here)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	001 M Discharge Number

Monitoring Period From YR	MO	DY	To YR	MO	DY
03	08	01	03	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	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	******	0.03	(19)	0	02/30	24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	MG/L		ONCE/MONTH	COMP24
TOLUENE	SAMPLE MEASUREMENT	******	******		******	******	< 2	(28)	0	02/30	GR
34010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	******	******		******	******	< 2	(28)	0	02/30	GR
34423 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	< 2	(28)	0	02/30	GR
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.53	0.72	(03)	******	******	******		0	99/99	RC
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******	******	< 0.00008	(19)	0	02/30	24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.0008 DAILY MX	MG/L		ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	< 2	< 2	(13)	0	02/30	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	200 DAILY AV	400 DAILY MX	#/ 100ML		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		
Mr. Michael Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-3424
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	Date Signed

Comments and Explanation of any violations (Reference all attachments here)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	001 M Discharge Number

Monitoring Period From YR	MO	DY	To YR	MO	DY
03	08	01	03	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	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
2-BUTANONE	SAMPLE MEASUREMENT	******	******		******	******	< 2	(28)	0	02/30	GR
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	50 DAILY MX	UG/L		TWICE/MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		> 88	******	******	(23)	0	01/30	CA
81010 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO AV MN	******	******	PERCENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		> 98	******	******	(23)	0	01/30	CA
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO AV MN	******	******	PERCENT		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	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.	Telephone 631-344-3424
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	Date Signed

Comments and Explanation of any violations (Reference all attachments here)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	002 B Discharge Number

Monitoring Period From YR	MO	DY	To YR	MO	DY
03	08	01	03	08	31

MAJOR
(SUBR 01)
F - FINAL
RF (1004) & BRAHMS (1002) BLOWDN
*** No Discharge [X] ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******	(07)		******		(12)			GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	GPD	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)			GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******		(03)	******	******	******				RC
50050 1 0 0 See Note 2 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		
Mr. Michael Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-3424
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	Date Signed

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, DISCARGE SHOULD BE TO NEW BASIN.

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	002 M Discharge Number

Monitoring Period From YR	MO	DY	To YR	MO	DY
03	08	01	03	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	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		6.8	******	7.6	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE See Note 1	SAMPLE MEASUREMENT	******	******		******	******	3.4	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	14.3	******	(03)	******	******	******		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	MGD	******	******	******	**** ****		ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		
Mr. Michael Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-3424
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	Date Signed

Comments and Explanation of any violations (Reference all attachments here)

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

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	005 M Discharge Number

Monitoring Period From YR	MO	DY	To YR	MO	DY
03	08	01	03	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	SAMPLE MEASUREMENT	******	******		7.1	******	8.3	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE See Note 1	SAMPLE MEASUREMENT	******	******		******	******	3.1	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.0	******	(03)	******	******	******		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	MGD	******	******	******	**** ****		ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		
Mr. Michael Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-3424
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	Date Signed

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
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	007 M
Permit Number	Discharge Number

Monitoring Period					
From			To		
YR	MO	DY	YR	MO	DY
03	08	01	03	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			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	******	280000	(07)	******	******	******		0	18/30	IN
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	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		
Mr. Michael Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-3424
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	Date Signed

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 AND REQUIREMENTS.

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

NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	008 M Discharge Number

Monitoring Period From YR	MO	DY	To YR	MO	DY
03	08	01	03	08	31

MAJOR
(SUBR 01)
F - FINAL
STORMWTR RUNOFF WAREHOUSE (HW)
*** No Discharge [X] ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT	******		(07)	******	******	******				IN
00056 1 0 0 See Note 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******			******		(12)			GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)			GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****		******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	******	******		******	******		(28)			GR
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		ONCE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******		(28)			GR
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		
Mr. Michael Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-3424
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	Date Signed

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 AND REQUIREMENTS.

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	010 M
Permit Number	Discharge Number

Monitoring Period					
From			To		
YR	MO	DY	YR	MO	DY
03	08	01	03	08	31

MAJOR
(SUBR 01)
F - FINAL
STORMWTR R O CENTRAL STEAM (H)
*** No Discharge [X] ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	******		(07)	******	******	******				IN
00056 1 0 0 See Note 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******			******		(12)			GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)			GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			
Mr. Michael Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		Telephone 631-344-3424
Typed or Printed		Signature of Principal Executive Officer or Authorized Agent	Date Signed

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 AND REQUIREMENTS.

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	06A M Discharge Number

Monitoring Period From YR	MO	DY	To YR	MO	DY
03	08	01	03	08	31

MAJOR
(SUBR 01)
F - FINAL
LINAC NCCW, FLOOR DNS,ETC(HT1)
*** No Discharge ☐ ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.1	******	7.5	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE See Note 1	SAMPLE MEASUREMENT	******	******		******	******	3.5	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.027	******	(03)	******	******	******		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	MGD	******	******	******	**** ****		ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		
Mr. Michael Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-3424
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	Date Signed

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
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	06B M Discharge Number

Monitoring Period From YR	MO	DY	To YR	MO	DY
03	08	01	03	08	31

MAJOR
(SUBR 01)
F - FINAL
COOLING TOWR FROM 919 ETC(HT2)
*** No Discharge [X] ****

Note: Read Instructions before completing this form

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		
Mr. Michael Holland Area Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Telephone 631-344-3424
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	Date Signed

Comments and Explanation of any violations (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

ATTACHMENT II

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR AUGUST 2003

ANALYTICAL RESULTS FROM H2M LABS,

THE BNL ANALYTICAL SERVICES LABORATORY,

AND GEL LLC

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

8/4/03 AND 8/6/03

FROM OUTFALL 001

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
(631) 694-3040 . FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

Brookhaven National Lab.-BNLS
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0308155-001

Client ID. : 17234-001

Sample Information...
Type : Aqueous

Origin:

Collected 8/4/2003 11:25:00 AM
Received 8/4/2003 3:45:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 2	mg/L	E405.1	8/6/2003 10:02:00 AM
Nitrogen, Total	3.2	mg/L	M4500-N C	8/14/2003
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	8/13/2003 3:50:21 PM
Nitrite as N	0.02	mg/L	E353.2	8/6/2003 7:51:13 AM
Nitrate as N	3.08	mg/L	E353.2	8/12/2003 2:01:41 PM
Nitrogen, Kjeldahl, Total	0.17	mg/L	E351.2	8/14/2003 12:24:13 PM

Outfall 001 4 [illegible] 8-27-03
Sampled 8-6-03
24 Hr. Composite

Qualifiers: E - Value above quantitation range
D - Results for Dilution

Joann M. Slavin
Laboratory Manager

Date Reported : 8/25/2003

BNLS771 S22

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
(631) 694-3040 . FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

Brookhaven National Lab.-BNLS
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0308262-001

Client ID. : 17243-001

Sample Information...
Type : Aqueous

Origin:

Collected 8/6/2003 7:50:00 AM
Received 8/6/2003 3:12:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	14	mg/L	E405.1	8/7/2003 2:06:00 PM
Nitrogen, Total	4.0	mg/L	M4500-N C	8/14/2003
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	8/13/2003 3:52:21 PM
Nitrite as N	0.01	mg/L	E353.2	8/8/2003 7:45:15 AM
Nitrate as N	3.89	mg/L	E353.2	8/12/2003 2:05:01 PM
Nitrogen, Kjeldahl, Total	0.19	mg/L	E351.2	8/14/2003 12:26:13 PM

Outfall 001
Sampled 8-6-03
24 Hr. Composite

Qualifiers: E - Value above quantitation range
D - Results for Dilution

Date Reported : 8/25/2003

Joann M. Slavin
Laboratory Manager

BNLS771 S26

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
(631) 694-3040 . FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

Brookhaven National Lab.-BNLS
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0308155-002

Client ID. : 17234-002

Sample Information...
Type : Aqueous

Origin:

Collected 8/4/2003 1:38:00 PM
Received 8/4/2003 3:45:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Fecal Coliform	< 2	MPN	M9221 C	8/4/2003 4:00:00 PM

Outfall 001
Sampled 8-16-03
Grab Sample

Qualifiers: E - Value above quantitation range
D - Results for Dilution

Date Reported : 8/25/2003

Joann M. Slavin
Laboratory Manager

BNLS771 S23

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
(631) 694-3040. FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

Brookhaven National Lab.-BNLS
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0308262-002

Client ID. : 17243-002

Sample Information...
Type : Aqueous

Origin:

Collected 8/6/2003 12:00:00 PM
Received 8/6/2003 3:12:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Fecal Coliform	< 2	MPN	M9221 C	8/6/2003 3:45:00 PM

Outfall 001
Sampled 8-6-03
Grab Sample

Qualifiers: E - Value above quantitation range
D - Results for Dilution

Joann M. Slavin
Laboratory Manager

Date Reported : 8/25/2003

BNLS771 S27

1A

Volatile Organics Analysis Data Sheet

Method 624 (CLP)

Brookhaven National Laboratory
Environment Safety and Health Services Division
Non-Radiological Analytical Services Laboratory

Analytical Services Lab ID: 23080405-01

Matrix: (soil/water) water

Sample wt/vol: 25.0 (g/mL) mL

Level: (low/med) low

Date Analyzed: 8/11/2003

Lab File ID: 30811B05.D

Dilution Factor: 1

Dilution information: N/A

CAS No.	Compound	Concentration Units: (ug/L or ug/Kg) ug/L	Q
74-87-3	Chloromethane	2	U
75-01-4	Vinyl chloride	2	U
74-83-9	Bromomethane	2	U
75-00-3	Chloroethane	2	U
75-69-4	Trichlorofluoromethane	2	U
75-35-4	1,1-Dichloroethylene	2	U
67-64-1	Acetone	2	U
75-09-2	Methylene Chloride	2	U
1634-04-4	MTBE	2	U
156-60-5	trans-1,2-Dichloroethene	2	U
75-34-3	1,1-Dichloroethane	2	U
156-59-4	cis-1,2-Dichloroethylene	2	U
78-93-3	2-Butanone	2	U
67-66-3	Chloroform	2	U
71-55-6	1,1,1-Trichloroethane	2	U
56-23-5	Carbon Tetrachloride	2	U
71-43-2	Benzene	2	U
107-06-2	1,2-Dichloroethane	2	U
79-01-6	Trichloroethylene	2	U
78-87-5	1,2-Dichloropropane	2	U
75-27-4	Bromodichloromethane	2	U
10061-01-5	cis-1,3-Dichloropropene	2	U
108-10-1	4-Methyl-2-pentanone	2	U
108-88-3	Toluene	2	U
10061-02-6	trans-1,3-Dichloropropene	2	U
79-00-5	1,1,2-Trichloroethane	2	U
127-18-4	Tetrachloroethylene	2	U
142-28-9	1,3-Dichloropropane	2	U
591-78-6	2-Hexanone	2	U
124-48-1	Dibromochloromethane	2	U
108-90-7	Chlorobenzene	2	U
100-41-4	Ethylbenzene	2	U
108-38-3/106-42-3	p- + m-Xylene	2	U
95-47-6	o-Xylene	2	U
75-25-2	Bromoform	2	U
79-34-5	1,1,2,2-Tetrachloroethane	2	U
541-73-1	1,3-Dichlorobenzene	2	U
106-46-7	1,4-Dichlorobenzene	2	U
95-50-1	1,2-Dichlorobenzene	2	U

Outfall 001
Sampled 8-4-03
~~W2~~ Grab Sample

1A

Volatile Organics Analysis Data Sheet

Method 624 (CLP)

Brookhaven National Laboratory
Environment Safety and Health Services Division
Non-Radiological Analytical Services Laboratory

Analytical Services Lab ID: **23080606-01**

Matrix: (soil/water) water

Date Analyzed: 8/11/2003

Sample wt/vol: 25.0 (g/mL) mL

Lab File ID: 30811B07.D

Level: (low/med) low

Dilution Factor: 1

Dilution information: N/A

CAS No.	Compound	Concentration Units: (ug/L or ug/Kg) ug/L	Q
74-87-3	Chloromethane	2	U
75-01-4	Vinyl chloride	2	U
74-83-9	Bromomethane	2	U
75-00-3	Chloroethane	2	U
75-69-4	Trichlorofluoromethane	2	U
75-35-4	1,1-Dichloroethylene	2	U
67-64-1	Acetone	2	U
75-09-2	Methylene Chloride	2	U
1634-04-4	MTBE	2	U
156-60-5	trans-1,2-Dichloroethene	2	U
75-34-3	1,1-Dichloroethane	2	U
156-59-4	cis-1,2-Dichloroethylene	2	U
78-93-3	2-Butanone	2	U
67-66-3	Chloroform	2	U
71-55-6	1,1,1-Trichloroethane	2	U
56-23-5	Carbon Tetrachloride	2	U
71-43-2	Benzene	2	U
107-06-2	1,2-Dichloroethane	2	U
79-01-6	Trichloroethylene	2	U
78-87-5	1,2-Dichloropropane	2	U
75-27-4	Bromodichloromethane	2	U
10061-01-5	cis-1,3-Dichloropropene	2	U
108-10-1	4-Methyl-2-pentanone	2	U
108-88-3	Toluene	2	U
10061-02-6	trans-1,3-Dichloropropene	2	U
79-00-5	1,1,2-Trichloroethane	2	U
127-18-4	Tetrachloroethylene	2	U
142-28-9	1,3-Dichloropropane	2	U
591-78-6	2-Hexanone	2	U
124-48-1	Dibromochloromethane	2	U
108-90-7	Chlorobenzene	2	U
100-41-4	Ethylbenzene	2	U
108-38-3/106-42-3	p- + m-Xylene	2	U
95-47-6	o-Xylene	2	U
75-25-2	Bromoform	2	U
79-34-5	1,1,2,2-Tetrachloroethane	2	U
541-73-1	1,3-Dichlorobenzene	2	U
106-46-7	1,4-Dichlorobenzene	2	U
95-50-1	1,2-Dichlorobenzene	2	U

Outfall 001
Sampled 8-6-03
Grab Sample

GENERAL ENGINEERING LABORATORIES, LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

Company : Brookhaven National Laboratory
Address : Building 51
Upton, New York 11973--5000

Report Date: August 15, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17235-001
Sample ID: 85417001
Matrix: Water
Collect Date: 04-AUG-03 11:25
Receive Date: 05-AUG-03 09:00
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17235
Samp Recv.: 17235
Client Desc.: STP Effluent

Parameter	Qualifier	Result	DL	RL	Units	DF	Analyst	Date	Time	Batch	Method
Solids Analysis Federal											
EPA 160.2 Total Suspended Liq											
Total Suspended Solids	J	0.900	0.382	2.50	mg/L		SDS	08/11/03	1322	269653	1
TRAACS Nutrient Analysis Fed											
EPA 365.4 Phosphorus, Total in											
Phosphorus, Total as P		0.959	0.0162	0.050	mg/L	1	THL	08/11/03	1120	269183	2

The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
EPA 365.4 Prep	EPA 365.4 Phosphorus, Total in liquid-Fe	EXN1	08/08/03	1015	269182

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 160.2	
2	EPA 365.4	

Outfall 001
Sampled 8-4-03
24 hr. Composite

Notes:
The Qualifiers in this report are defined as follows :

< Result is less than amount reported.
> Result is greater than amount reported.
B Target analyte was detected in the sample as well as the associated blank.
BD Flag for results below the MDC or a flag for low tracer recovery.
E Concentration of the target analyte exceeds the instrument calibration range.
H Analytical holding time exceeded.
J Indicates an estimated value. The result was greater than the detection limit, but less than the reporting limit.
P The response between the confirmation column and the primary column is >40%D.
U Indicates the target analyte was analyzed for but not detected above the detection limit.
UI Uncertain identification for gamma spectroscopy.
X Lab-specific qualifier-please see case narrative, data summary package or contact your project manager for details.
Y QC Samples were not spiked with this compound.
h Sample preparation or preservation holding time exceeded.

The above sample is reported on an "as received" basis.

GENERAL ENGINEERING LABORATORIES, LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

Company : Brookhaven National Laboratory
Address : Building 51
Upton, New York 11973--5000

Report Date: August 15, 2003

Contact: John Burke
Project: SPDES

Client Sample ID:	17242-001	Project:	BRKL00404
Sample ID:	85590001	Client ID:	BRKL004
Matrix:	Water	COC:	17242
Collect Date:	06-AUG-03 07:50	Samp Recv.:	17242
Receive Date:	07-AUG-03 09:30	Client Desc.:	STP EFFLUENT
Collector:	Client		

Parameter	Qualifier	Result	DL	RL	Units	DF	Analyst	Date	Time	Batch	Method
Solids Analysis Federal											
EPA 160.2 Total Suspended Liq											
Total Suspended Solids	J	0.400	0.382	2.50	mg/L		SDS	08/12/03	1044	270019	1
TRAACS Nutrient Analysis Fed											
EPA 365.4 Phosphorus, Total in											
Phosphorus, Total as P		0.884	0.0162	0.050	mg/L	1	THL	08/11/03	1125	269183	2

The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
EPA 365.4 Prep	EPA 365.4 Phosphorus, Total in liquid-Fe	EXN1	08/08/03	1015	269182

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 160.2	
2	EPA 365.4	

Outfall 001
Sampled 8-6-03
24 Hr. Composite

Notes:
The Qualifiers in this report are defined as follows :

< Result is less than amount reported.
> Result is greater than amount reported.
B Target analyte was detected in the sample as well as the associated blank.
BD Flag for results below the MDC or a flag for low tracer recovery.
E Concentration of the target analyte exceeds the instrument calibration range.
H Analytical holding time exceeded.
J Indicates an estimated value. The result was greater than the detection limit, but less than the reporting limit.
P The response between the confirmation column and the primary column is >40%D.
U Indicates the target analyte was analyzed for but not detected above the detection limit.
UI Uncertain identification for gamma spectroscopy.
X Lab-specific qualifier-please see case narrative, data summary package or contact your project manager for details.
Y QC Samples were not spiked with this compound.
h Sample preparation or preservation holding time exceeded.

The above sample is reported on an "as received" basis.

GENERAL ENGINEERING LABORATORIES, LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

Company : Brookhaven National Laboratory
Address : Building 51
Upton, New York 11973–5000

Report Date: August 15, 2003

Contact: John Burke
Project: SPDES

Client Sample ID:	17235-002	Project:	BRKL00404
Sample ID:	85417002	Client ID:	BRKL004
Matrix:	Water	COC:	17235
Collect Date:	04-AUG-03 13:38	Samp Recv.:	17235
Receive Date:	05-AUG-03 09:00	Client Desc.:	STP Effluent
Collector:	Client		

Parameter	Qualifier	Result	DL	RL	Units	DF	Analyst	Date	Time	Batch	Method
Rapid Flow Analysis Federal											
SW9012A Cyanide, Total Federal											
Cyanide, Total	U	ND	1.72	5.00	ug/L	1	ADF	08/14/03	0848	269858	1

The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
SW846 9010B Prep	SW846 9010B Prep	EXN1	08/06/03	1200	268581
SW846 9010B Prep	SW846 9010B Prep	EXN1	08/12/03	1100	269857

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	SW846 9012A	

Notes:
The Qualifiers in this report are defined as follows :

Outfall 001
Sampled 8-4-03
Grab Sample

< Result is less than amount reported.
> Result is greater than amount reported.
B Target analyte was detected in the sample as well as the associated blank.
BD Flag for results below the MDC or a flag for low tracer recovery.
E Concentration of the target analyte exceeds the instrument calibration range.
H Analytical holding time exceeded.
J Indicates an estimated value. The result was greater than the detection limit, but less than the reporting limit.
P The response between the confirmation column and the primary column is >40%D.
U Indicates the target analyte was analyzed for but not detected above the detection limit.
UI Uncertain identification for gamma spectroscopy.
X Lab-specific qualifier-please see case narrative, data summary package or contact your project manager for details.
Y QC Samples were not spiked with this compound.
h Sample preparation or preservation holding time exceeded.

The above sample is reported on an "as received" basis.

GENERAL ENGINEERING LABORATORIES, LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

Company : Brookhaven National Laboratory
Address : Building 51
Upton, New York 11973--5000

Report Date: August 15, 2003

Contact: John Burke
Project: SPDES

Client Sample ID:	17242-002	Project:	BRKL00404
Sample ID:	85590002	Client ID:	BRKL004
Matrix:	Water	COC:	17242
Collect Date:	06-AUG-03 07:52	Samp Recv.:	17242
Receive Date:	07-AUG-03 09:30	Client Desc.:	STP EFFLUENT
Collector:	Client		

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Rapid Flow Analysis Federal										
SW9012A Cyanide, Total Federal										
Cyanide, Total	U	ND	1.72	5.00	ug/L	1	ADF 08/14/03	0903	269324	1

The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
SW846 9010B Prep	SW846 9010B Prep	EXN1	08/11/03	1600	269323

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	SW846 9012A	

Outfall 001
Sampled 8-6-03
Grab Sample

Notes:
The Qualifiers in this report are defined as follows :

< Result is less than amount reported.
> Result is greater than amount reported.
B Target analyte was detected in the sample as well as the associated blank.
BD Flag for results below the MDC or a flag for low tracer recovery.
E Concentration of the target analyte exceeds the instrument calibration range.
H Analytical holding time exceeded.
J Indicates an estimated value. The result was greater than the detection limit, but less than the reporting limit.
P The response between the confirmation column and the primary column is >40%D.
U Indicates the target analyte was analyzed for but not detected above the detection limit.
UI Uncertain identification for gamma spectroscopy.
X Lab-specific qualifier-please see case narrative, data summary package or contact your project manager for details.
Y QC Samples were not spiked with this compound.
h Sample preparation or preservation holding time exceeded.

The above sample is reported on an "as received" basis.

TOTAL METALS
- 1 -
INORGANIC ANALYSIS DATA PACKAGE

SDG No.: 85417 **Method Type:** SW846

Sample ID: 85417001 **Client ID:** 17235-001

Contract: BRKL00404 **Lab Code:** GEL **Case No.:** GEL **SAS No.:**

Matrix: WATER **Date Received:** 8/5/2003 **Level:** LOW **% Solids:** 0.00

CAS No.	Analyte	Concentration	Units	C	Qual	M	DL	Instrument ID	Analytical Run
7429-90-5	Aluminum	78.0	µg/L	B		P	70.8	TJA61 Trace ICP2	81103
7440-36-0	Antimony	3.280	µg/L	U		P	3.280	TJA61 Trace ICP2	81103
7440-38-2	Arsenic	2.360	µg/L	U		P	2.360	TJA61 Trace ICP2	81103
7440-39-3	Barium	19.0	µg/L	B		P	0.360	TJA61 Trace ICP2	81103
7440-41-7	Beryllium	0.230	µg/L	U		P	0.230	TJA61 Trace ICP2	81103
7440-43-9	Cadmium	0.610	µg/L	U		P	0.610	TJA61 Trace ICP2	81103
7440-70-2	Calcium	8810	µg/L			P	9.300	TJA61 Trace ICP2	81103
7440-47-3	Chromium	2.080	µg/L	U		P	2.080	TJA61 Trace ICP2	81103
7440-48-4	Cobalt	1.100	µg/L	U		P	1.100	TJA61 Trace ICP2	81103
7440-50-8	Copper	46.8	µg/L			P	2.020	TJA61 Trace ICP2	81103
7439-89-6	Iron	171	µg/L			P	25.3	TJA61 Trace ICP2	81103
7439-92-1	Lead	2.140	µg/L	U		P	2.140	TJA61 Trace ICP2	81103
7439-95-4	Magnesium	2750	µg/L	B		P	12.7	TJA61 Trace ICP2	81103
7439-96-5	Manganese	3.750	µg/L	B		P	0.760	TJA61 Trace ICP2	81103
7439-97-6	Mercury	0.033	µg/L	U		AV	0.033	PE CVAA2	081103W1Hg
7440-02-0	Nickel	4.250	µg/L	B		P	2.980	TJA61 Trace ICP2	81103
7440-09-7	Potassium	3400	µg/L	B		P	22.2	TJA61 Trace ICP2	81103
7782-49-2	Selenium	4.560	µg/L	U		P	4.560	TJA61 Trace ICP2	81103
7440-22-4	Silver	1.980	µg/L	U		P	1.980	TJA61 Trace ICP2	81103
7440-23-5	Sodium	27900	µg/L			P	32.0	TJA61 Trace ICP2	81103
7440-28-0	Thallium	4.080	µg/L	U		P	4.080	TJA61 Trace ICP2	81103
7440-62-2	Vanadium	3.540	µg/L	B		P	2.470	TJA61 Trace ICP2	81103
7440-66-6	Zinc	34.4	µg/L			P	1.090	TJA61 Trace ICP2	81103

Color Before: **Clarity Before:** **Texture:**

Color After: **Clarity After:** **Artifacts:**

Comments:

Outfall 001
Sampled 8-4-03
24hr. Composite

TOTAL METALS
- 1 -
INORGANIC ANALYSIS DATA PACKAGE

SDG No.: 85590 **Method Type:** SW846

Sample ID: 85590001 **Client ID:** 17242-001

Contract: BRKL00404 **Lab Code:** GEL **Case No.:** GEL **SAS No.:**

Matrix: WATER **Date Received:** 8/7/2003 **Level:** LOW **% Solids:** 0.00

CAS No.	Analyte	Concentration	Units	C	Qual	M	DL	Instrument ID	Analytical Run
7429-90-5	Aluminum	70.8	µg/L	U		P	70.8	TJA61 Trace ICP2	81503
7440-36-0	Antimony	3.280	µg/L	U		P	3.280	TJA61 Trace ICP2	81503
7440-38-2	Arsenic	3.980	µg/L	B		P	2.360	TJA61 Trace ICP2	81503
7440-39-3	Barium	20.4	µg/L	B		P	0.360	TJA61 Trace ICP2	81503
7440-41-7	Beryllium	0.230	µg/L	U		P	0.230	TJA61 Trace ICP2	81503
7440-43-9	Cadmium	0.610	µg/L	U		P	0.610	TJA61 Trace ICP2	81503
7440-70-2	Calcium	9710	µg/L			P	9.300	TJA61 Trace ICP2	81503
7440-47-3	Chromium	2.080	µg/L	U		P	2.080	TJA61 Trace ICP2	81503
7440-48-4	Cobalt	1.100	µg/L	U		P	1.100	TJA61 Trace ICP2	81503
7440-50-8	Copper	34.0	µg/L			P	2.020	TJA61 Trace ICP2	81503
7439-89-6	Iron	122	µg/L			P	25.3	TJA61 Trace ICP2	81503
7439-92-1	Lead	2.140	µg/L	U		P	2.140	TJA61 Trace ICP2	81503
7439-95-4	Magnesium	3140	µg/L	B		P	12.7	TJA61 Trace ICP2	81503
7439-96-5	Manganese	2.850	µg/L	B		P	0.760	TJA61 Trace ICP2	81503
7439-97-6	Mercury	0.079	µg/L	B		AV	0.033	PE CVAA2	081303W1Hg
7440-02-0	Nickel	2.980	µg/L	U		P	2.980	TJA61 Trace ICP2	81503
7440-09-7	Potassium	3610	µg/L	B		P	22.2	TJA61 Trace ICP2	81503
7782-49-2	Selenium	4.560	µg/L	U		P	4.560	TJA61 Trace ICP2	81503
7440-22-4	Silver	1.980	µg/L	U		P	1.980	TJA61 Trace ICP2	81503
7440-23-5	Sodium	29100	µg/L			P	32.0	TJA61 Trace ICP2	81503
7440-28-0	Thallium	4.080	µg/L	U		P	4.080	TJA61 Trace ICP2	81503
7440-62-2	Vanadium	2.560	µg/L	B		P	2.470	TJA61 Trace ICP2	81503
7440-66-6	Zinc	34.0	µg/L			P	1.090	TJA61 Trace ICP2	81503

Color Before: **Clarity Before:** **Texture:**

Color After: **Clarity After:** **Artifacts:**

Comments:

Outfall 001
Sampled 8-6-03
24 Hr. Composite

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
(631) 694-3040 . FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

Brookhaven National Lab.-BNLS
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0308155-003

Client ID. : 17234-003

Sample Information...
Type : Aqueous

Origin:

Collected 8/4/2003 11:50:00 AM
Received 8/4/2003 3:45:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	54	mg/L	E405.1	8/6/2003 10:04:00 AM

STP Influent
Sampled 8-~~6~~-03 4NL 8-27-03
24 Hr. Composite

Qualifiers: E - Value above quantitation range
D - Results for Dilution

Joann M. Slavin
Laboratory Manager

Date Reported : 8/25/2003

BNLS771 S24

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
(631) 694-3040. FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

Brookhaven National Lab.-BNLS
70 Bell Ave.
Jpton, NY 11973
Attn To : S. Scarpitta

Lab No. : **0308262-003**

Client ID. : 17243-003

Sample Information...
Type : Aqueous

Origin:

Collected 8/6/2003 7:58:00 AM
Received 8/6/2003 3:12:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	45	mg/L	E405.1	8/7/2003 2:07:00 PM

STP Influent
Sampled 8-6-03
24 Hr. Composite

Qualifiers: E - Value above quantitation range
D - Results for Dilution

Date Reported : 8/25/2003

Joann M. Slavin
Laboratory Manager

BNLS771 S28

GENERAL ENGINEERING LABORATORIES, LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

Company : Brookhaven National Laboratory
Address : Building 51
Upton, New York 11973--5000

Report Date: August 15, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17235-003
Sample ID: 85417003
Matrix: Water
Collect Date: 04-AUG-03 11:50
Receive Date: 05-AUG-03 09:00
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17235
Samp Recv.: 17235
Client Desc.: STP Influent

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Solids Analysis Federal										
EPA 160.2 Total Suspended Liq										
Total Suspended Solids		47.0	1.91	12.5	mg/L		SDS 08/11/03	1322	269653	1

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 160.2	

STP Influent
Sampled 8-4-03
24 Hr. Composite

Notes:
The Qualifiers in this report are defined as follows :

< Result is less than amount reported.
> Result is greater than amount reported.
B Target analyte was detected in the sample as well as the associated blank.
BD Flag for results below the MDC or a flag for low tracer recovery.
E Concentration of the target analyte exceeds the instrument calibration range.
H Analytical holding time exceeded.
J Indicates an estimated value. The result was greater than the detection limit, but less than the reporting limit.
P The response between the confirmation column and the primary column is >40%D.
U Indicates the target analyte was analyzed for but not detected above the detection limit.
UI Uncertain identification for gamma spectroscopy.
X Lab-specific qualifier-please see case narrative, data summary package or contact your project manager for details.
Y QC Samples were not spiked with this compound.
h Sample preparation or preservation holding time exceeded.

The above sample is reported on an "as received" basis.

Where the analytical method has been performed under NELAP certification, the analysis has met all of the requirements of the NELAC standard unless qualified on the Certificate of Analysis.

This data report has been prepared and reviewed in accordance with General Engineering Laboratories, LLC standard operating procedures. Please direct any questions to your Project Manager, Valerie Davis.

Reviewed by

GENERAL ENGINEERING LABORATORIES, LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

Company : Brookhaven National Laboratory
Address : Building 51
Upton, New York 11973--5000

Report Date: August 15, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17242-003
Sample ID: 85590003
Matrix: Water
Collect Date: 06-AUG-03 07:58
Receive Date: 07-AUG-03 09:30
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17242
Samp Recv.: 17242
Client Desc.: STP INFLUENT

Parameter	Qualifier	Result	DL	RL	Units	DF	Analyst	Date	Time	Batch	Method
Solids Analysis Federal											
EPA 160.2 Total Suspended Liq											
Total Suspended Solids		38.1	1.03	6.76	mg/L		SDS	08/12/03	1044	270019	1

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 160.2	

Notes:
The Qualifiers in this report are defined as follows :

STP Influent
Sampled 8-6-03
24 Hr. Composite

< Result is less than amount reported.
> Result is greater than amount reported.
B Target analyte was detected in the sample as well as the associated blank.
BD Flag for results below the MDC or a flag for low tracer recovery.
E Concentration of the target analyte exceeds the instrument calibration range.
H Analytical holding time exceeded.
J Indicates an estimated value. The result was greater than the detection limit, but less than the reporting limit.
P The response between the confirmation column and the primary column is >40%D.
U Indicates the target analyte was analyzed for but not detected above the detection limit.
UI Uucertain identification for gamma spectroscopy.
X Lab-specific qualifier-please see case narrative, data summary package or contact your project manager for details.
Y QC Samples were not spiked with this compound.
h Sample preparation or preservation holding time exceeded.

The above sample is reported on an "as received" basis.

Where the analytical method has been performed under NELAP certification, the analysis has met all of the requirements of the NELAC standard unless qualified on the Certificate of Analysis.

This data report has been prepared and reviewed in accordance with General Engineering Laboratories, LLC standard operating procedures. Please direct any questions to your Project Manager, Valerie Davis.

Reviewed by

ATTACHMENT III

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR AUGUST 2003

ANALYTICAL RESULTS FROM GEL LLC

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED FROM

OUTFALLS 002, 005, AND 006A

GENERAL ENGINEERING LABORATORIES, LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

Company : Brookhaven National Laboratory
Address : Building 51
Upton, New York 11973--5000

Report Date: August 13, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17236-002
Sample ID: 85416002
Matrix: Water
Collect Date: 04-AUG-03 10:30
Receive Date: 05-AUG-03 09:00
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17236
Samp Recv.: 17236
Client Desc.: HN

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Oil & Grease Analysis Federal										
EPA 1664 n-Hexane/Silica Gel Treated HEM(Oil & Grease and TPH)										
Oil and Grease	J	3.44	0.563	5.00	mg/L		RDH1 08/11/03	1000	269613	1
Total Petroleum Hydrocarbons	J	2.60	0.495	4.17	mg/L		RDH1 08/11/03	1541	269624	2

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664	
2	EPA 1664	

Outfall 002
Sampled 8-4-03
Grab Sample

Notes:
The Qualifiers in this report are defined as follows :

< Result is less than amount reported.
> Result is greater than amount reported.
B Target analyte was detected in the sample as well as the associated blank.
BD Flag for results below the MDC or a flag for low tracer recovery.
E Concentration of the target analyte exceeds the instrument calibration range.
H Analytical holding time exceeded.
J Indicates an estimated value. The result was greater than the detection limit, but less than the reporting limit.
P The response between the confirmation column and the primary column is >40%D.
U Indicates the target analyte was analyzed for but not detected above the detection limit.
UI Uncertain identification for gamma spectroscopy.
X Lab-specific qualifier-please see case narrative, data summary package or contact your project manager for details.
Y QC Samples were not spiked with this compound.
h Sample preparation or preservation holding time exceeded.

The above sample is reported on an "as received" basis.

Where the analytical method has been performed under NELAP certification, the analysis has met all of the requirements of the NELAC standard unless qualified on the Certificate of Analysis.

This data report has been prepared and reviewed in accordance with General Engineering Laboratories, LLC standard operating procedures. Please direct any questions to your Project Manager, Valerie Davis.

Reviewed by

GENERAL ENGINEERING LABORATORIES, LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

Company : Brookhaven National Laboratory
Address : Building 51
Upton, New York 11973--5000

Report Date: August 13, 2003

Contact: John Burke
Project: SPDES

Client Sample ID:	17236-001	Project:	BRKL00404
Sample ID:	85416001	Client ID:	BRKL004
Matrix:	Water	COC:	17236
Collect Date:	04-AUG-03 11:00	Samp Recv.:	17236
Receive Date:	05-AUG-03 09:00	Client Desc.:	HS
Collector:	Client		

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Oil & Grease Analysis Federal										
EPA 1664 n-Hexane/Silica Gel Treated HEM(Oil & Grease and TPH)										
Oil and Grease	J	3.13	0.563	5.00	mg/L		RDH1 08/11/03	1000	269613	1
Total Petroleum Hydrocarbons	J	2.50	0.495	4.17	mg/L		RDH1 08/11/03	1541	269624	2

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664	
2	EPA 1664	

Outfall 005
Sampled 8-4-03
Grab Sample

Notes:
The Qualifiers in this report are defined as follows :

< Result is less than amount reported.
> Result is greater than amount reported.
B Target analyte was detected in the sample as well as the associated blank.
BD Flag for results below the MDC or a flag for low tracer recovery.
E Concentration of the target analyte exceeds the instrument calibration range.
H Analytical holding time exceeded.
J Indicates an estimated value. The result was greater than the detection limit, but less than the reporting limit.
P The response between the confirmation column and the primary column is >40%D.
U Indicates the target analyte was analyzed for but not detected above the detection limit.
UI Uncertain identification for gamma spectroscopy.
X Lab-specific qualifier-please see case narrative, data summary package or contact your project manager for details.
Y QC Samples were not spiked with this compound.
h Sample preparation or preservation holding time exceeded.

The above sample is reported on an "as received" basis.

Where the analytical method has been performed under NELAP certification, the analysis has met all of the requirements of the NELAC standard unless qualified on the Certificate of Analysis.

This data report has been prepared and reviewed in accordance with General Engineering Laboratories, LLC standard operating procedures. Please direct any questions to your Project Manager, Valerie Davis.

Reviewed by

GENERAL ENGINEERING LABORATORIES, LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

Company : Brookhaven National Laboratory
Address : Building 51
Upton, New York 11973--5000

Report Date: August 13, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17236-003
Sample ID: 85416003
Matrix: Water
Collect Date: 04-AUG-03 10:46
Receive Date: 05-AUG-03 09:00
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17236
Samp Recv.: 17236
Client Desc.: HTW

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Oil & Grease Analysis Federal										
EPA 1664 n-Hexane/Silica Gel Treated HEM(Oil & Grease and TPH)										
Oil and Grease	J	3.47	0.568	5.00	mg/L		RDH1 08/11/03	1000	269613	1
Total Petroleum Hydrocarbons	J	2.42	0.500	4.21	mg/L		RDH1 08/11/03	1541	269624	2

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664	
2	EPA 1664	

Outfall 006A
Sampled 8-4-03
Grab Sample

Notes:
The Qualifiers in this report are defined as follows :

< Result is less than amount reported.
> Result is greater than amount reported.
B Target analyte was detected in the sample as well as the associated blank.
BD Flag for results below the MDC or a flag for low tracer recovery.
E Concentration of the target analyte exceeds the instrument calibration range.
H Analytical holding time exceeded.
J Indicates an estimated value. The result was greater than the detection limit, but less than the reporting limit.
P The response between the confirmation column and the primary column is >40%D.
U Indicates the target analyte was analyzed for but not detected above the detection limit.
UI Uncertain identification for gamma spectroscopy.
X Lab-specific qualifier-please see case narrative, data summary package or contact your project manager for details.
Y QC Samples were not spiked with this compound.
h Sample preparation or preservation holding time exceeded.

The above sample is reported on an "as received" basis.

Where the analytical method has been performed under NELAP certification, the analysis has met all of the requirements of the NELAC standard unless qualified on the Certificate of Analysis.

This data report has been prepared and reviewed in accordance with General Engineering Laboratories, LLC standard operating procedures. Please direct any questions to your Project Manager, Valerie Davis.

Reviewed by