Environmental Services Division

BROOKHAVEN
NATIONAL LABORATORY

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

www.bnl.gov

January 21, 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 December 2002

Included as Attachment I, please find the DMR for the month of December 2002. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

With the exception of an excursion for pH measured at Outfall 002, the analytical data indicates that all parameters met their respective SPDES effluent limitations this reporting period. Please refer to item six of the Discharge Monitoring Report Notes section for a description of the excursion, which was associated with stormwater run-off. On Friday December 20th, heavy rains resulted in run-off from a construction site. The pH of the run-off from newly poured concrete and a crushed-concrete parking lot base was measured at 10 SU. This run-off, combined with other run-off from non-construction areas, resulted in a pH measured at the Outfall of 9.4 SU. The pH was back to acceptable levels on the next business day. A Non-compliance Report is attached to document this incident.

Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of December 2002.

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. 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 January 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,

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

EAZ/MA:cr

Attachment I: Discharge Monitoring Report for December 2002.

Attachment II: Non-Compliance Report for December SPDES Excursion at Outfall 002.

Attachment III: Analytical Results from H2M Labs for samples collected on 12/2/02, 12/4 and 12/6/02 from Outfall 001.

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

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

cc:	M. Allocco	w/attachments	M. Baldwin	w/attachments
	M. Bebon	w/o attachments	K. Brog	w/o attachments
	W. Chaloupka	w/attachments	S. Dierker	w/o attachments
	G. Granzen	w/o attachments	J. Higbie	w/attachments
	C. Johnson	w/o attachments	R. Lee	w/attachments
	E. Lessard	w/o attachments	D. Lowenstein	w/o attachments
	E. Murphy	w/attachments	A. Queirolo	w/o attachments
	V. Radeka	w/o attachments	D. Van Duyne	w/attachments
	M. Petersen	w/o attachments	E. Zimmerman	w/o attachments

File: EC62ER.03

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR DECEMBER 2002

FOR OUTFALLS NO. 001 – 010

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

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

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

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

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

5. Two individual photographic processors generate photographic rinse waters discharged from Building 197B. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentrations and total average flow have been reported in the DMR.

Location	Flow	pH	Total Nitrogen	Cyanide	Silver	Phenolics
1-87	0.6 GPD	5.59 SU	1,100 mg/L	< 10.0 μg/L	1,240[(a)] μg/L	< 5.0 μg/L
1-93B	34.2 GPD	7.30 SU	3.4 mg/L	< 10.0 μg/L	49.9[(a)] μg/L	< 5.0 μg/L
Total Flow	34.8 GPD					

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

6. The pH at outfall 002 on 12/20/02 at 11:23am was measured at 9.35 SU during weekly flow chart exchange and water quality measurement. A reading 15 minutes later confirmed the excursion with a pH reading of 9.10 SU. An immediate investigation into the excursion found storm water with an elevated pH of ~10 (total rainfall was 1.53 inches) due to its interaction with concrete at a construction site within the storm water area which feeds outfall 002. As per the NYSDEC the pH was rechecked on 12/23/02 and a value of 8.06 SU was measured.

7. The reported concentration is estimated due to interference during analysis.

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UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	001 A Discharge Number

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
ACID/CAUSTIC CLEANG RINSE 535B
*** 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	1800	******	(07)	******	******	******		0	03/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	**** GPD	******	******				QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		7.7	******	7.7	(12)	0	01/90	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE	SAMPLE MEASUREMENT	******	******		******	******	120	(28)	0	01/90	GR
39100 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
DI-N-BUTYL PHTHALATE	SAMPLE MEASUREMENT	******	******		******	******	< 10	(28)	0	01/90	GR
39110 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael 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)

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

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

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

NY0005835 Permit Number			001 B Discharge Number		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 498
*** 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	240	******	(07)	******	******	******		0	01/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******		**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		8.5	******	8.5	(12)	0	01/90	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	******	******		******	******	32.0	(28)	0	01/90	GR
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****		******	REPORT DAILY MX	UG/L		QTRLY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	69.7	(28)	0	01/90	GR
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	647	(28)	0	01/90	GR
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	******	******		******	******	23.7	(28)	0	01/90	GR
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
NICKEL, TOTAL (AS NI) See Note 1	SAMPLE MEASUREMENT	******	******		******	******	14.3	(28)	0	01/90	GR
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		
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)
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UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	001 B Discharge Number

Monitoring Period From YR	MO	DAY	To YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 498
*** No Discharge ☐ ****

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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) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	24.1	(28)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,2-DICHLOROETHANE 32103 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
CHLOROFORM 32106 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
BROMODICHLOROMETHANE EFFLUENT 38693 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE 39100 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 10	(28)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
DI-N-BUTYL PHTHALATE 39110 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 10	(28)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB

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

Typed or Printed

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Signature of Principal Executive Officer or Authorized Agent

Telephone 631-344-3424

Date Signed

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

NY0005835 Permit Number	001 B Discharge Number

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 498
*** No Discharge ☐ ****

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
85814 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

NY0005835 Permit Number	001 D Discharge Number

Monitoring Period From YR	MO	DAY	To YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
PHOTOPROCESSNG RINSE FROM 197B
*** No Discharge ☐ ****

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PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 5	SAMPLE MEASUREMENT	34.8	******	(07)	******	******	******		0	03/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH See Note 5	SAMPLE MEASUREMENT	******	******		5.6	******	7.3	(12)	0	02/90	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
NITROGEN, TOTAL (AS N) See Note 5	SAMPLE MEASUREMENT	******	******		******	******	1100	(19)	0	02/90	GR
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****		******	REPORT DAILY MX	MG/L		QTRLY	GRAB
CYANIDE, TOTAL (AS CN) See Note 5	SAMPLE MEASUREMENT	******	******		******	******	< 10.0	(28)	0	02/90	GR
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
SILVER, TOTAL (AS AG) See Note 5	SAMPLE MEASUREMENT	******	******		******	******	1240	(28)	0	02/90	GR
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
PHENOLICS, TOTAL RECOVERABLE See Note 5	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(28)	0	02/90	GR
32730 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

NY0005835 Permit Number	001 E Discharge Number

Monitoring Period From YR	MO	DAY	To YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
BOILER BLOWDN FROM 244,405,ETC
*** No Discharge ☐ ****

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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	22	******	(07)	******	******	******		0	01/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		9.5	******	10	(12)	0	11/90	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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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 F Discharge Number

Monitoring Period From YR	MO	DAY	To YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
COOLING TOWER WTR & BLOWDN 902
*** No Discharge ☐ ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT	3700	******	(07)	******	******	******		0	03/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		7.7	******	7.7	(12)	0	01/90	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
PROPYLENE GLYCOL MONOBUTYL ETHER	SAMPLE MEASUREMENT	******	******		******	******	< 500	(28)	0	01/90	GR
49875 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael 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)
NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLLECTION SYSTEM. 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	DAY	To YR	MO	DAY
02	10	01	02	12	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	SAMPLE MEASUREMENT	******	******		******	******	48	(15)	0	01/01	GR
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	< 2	< 2	(19)	0	03/30	24
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		6.3	******	6.9	(12)	0	01/01	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	5.8 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	< 4	< 8	(19)	0	03/30	24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******	0.0	(25)	0	01/01	GR
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	ML/L		DAILY	GRAB
NITROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	8.5	(19)	0	03/30	24
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	******	0.11	(19)	0	03/30	24
00610 1 0 0 EFFLUENT GROSS VALUE	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 SFBS. 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			To		
YR	MO	DAY	YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT & STORMWTR RNOFF
*** No Discharge ☐ ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	1.2	(19)	0	03/30	24
	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	< 10	(28)	0	03/30	GRAB
	PERMIT REQUIREMENT	******	******	****	******	******	100 DAILY MX	UG/L		TWICE/ MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	0.043	(19)	0	03/30	24
	PERMIT REQUIREMENT	******	******	****		******	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	0.20	(19)	0	03/30	24
	PERMIT REQUIREMENT	******	******	****	******	******	0.37 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	< 0.0008	(19)	0	03/30	24
	PERMIT REQUIREMENT	******	******	****	******	******	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NICKEL, TOTAL (AS NI) 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	0.0066	(19)	0	03/30	24
	PERMIT REQUIREMENT	******	******	****	******	******	0.11 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SILVER, TOTAL (AS AG) See Note 1 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	0.001	(19)	0	03/30	24
	PERMIT REQUIREMENT	******	******	****	******	******	0.015 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 SFBS. 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	MAJOR (SUBR 01) F - FINAL

Monitoring Period From YR	MO	DAY	To YR	MO	DAY
02	10	01	02	12	31

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) See Note 7	SAMPLE MEASUREMENT	******	******		******	******	0.053	(19)	0	03/30	24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	MG/L		ONCE/ MONTH	COMP24
TOLUENE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	03/30	GR
34010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	03/30	GR
34423 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****		******	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	03/30	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	0.32	0.46	(03)	******	******	******		0	99/99	RC
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	******	******	******	**** ****		CONTINU-OUS	RCORDR
MERCURY, TOTAL (AS HG) See Note 1	SAMPLE MEASUREMENT	******	******		******	******	0.0001	(19)	0	03/30	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	03/30	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)
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APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. 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	DAY	To YR	MO	DAY
02	10	01	02	12	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	******	******		******	******	< 5	(28)	0	03/30	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	******	******		> 95	******	******	(23)	0	01/30	CA
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO AV MN	******	******	PERCENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		> 90	******	******	(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

Typed or Printed

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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 SFBS. 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 Q Discharge Number

Monitoring Period From YR	MO	DAY	To YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT EFFL & STORMWTR
*** 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
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 See Note 4 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.065	(28)	0	03/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

Typed or Printed

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Signature of Principal Executive Officer or Authorized Agent

Telephone 631-344-3424

Date Signed

Comments and Explanation of any violations (Reference all attachments here)
PCB ANALYSIS TO USE EPA METHOD 608 WITH AN MDL GOAL OF 0.065 PPB

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	DAY	To YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
RF(1004) & BRAHMS(1002) BLOWDN
*** 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	******	******		7.2	******	7.7	(12)	0	02/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(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	******	0.0063	(03)	******	******	******		0	04/30	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 THE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE TO NEW BASIN.

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

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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	DAY	To YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
AGS NON-C COOLING,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 See Note 6	SAMPLE MEASUREMENT	******	******		6.6	******	9.4	(12)	1	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT – MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(19)	0	04/30	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	0.51	******	(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

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)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS. SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCTION 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	002 Q Discharge Number

Monitoring Period From YR	MO	DAY	To YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
AGS NON-C COOLG,PRECP 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
ALUMINUM, TOTAL (AS AL) See Note 1	SAMPLE MEASUREMENT	******	******		******	******	0.067	(19)	0	01/90	GR
01105 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	2.0 DAILY MX	MG/L		QTRLY	GRAB
CHLOROFORM	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
32106 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	7 DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****		******	5 DAILY MX	UG/L		QTRLY	GRAB
BROMODICHLOROMETHANE EFFLUENT	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
38693 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	50 DAILY MX	UG/L		QTRLY	GRAB
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	0.10	(19)	0	01/90	GR
85812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	< 0.005	(19)	0	01/90	GR
85813 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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)
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.
SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR DETECTOR.

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 R Discharge Number

Monitoring Period From YR	MO	DAY	To YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
RF(1004) & BRAHMS(1002) BLOWDN
*** 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
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	0.09	(19)	0	01/90	GR
85812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	< 0.005	(19)	0	01/90	GR
85813 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

Typed or Printed

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Signature of Principal Executive Officer or Authorized Agent

Telephone
631-344-3424

Date Signed

Comments and Explanation of any violations (Reference all attachments here)
DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE DIRECTED TO THE NEW BASIN.

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

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

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

NY0005835 Permit Number	005 M Discharge Number

MAJOR
(SUBR 01)
F - FINAL
NSLS COOLING TOWR BLDN ETC (HS)
*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
02	10	01	02	12	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	******	******		7.2	******	8.0	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(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 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.26	******	(03)	******	******	******		0	04/30	RC
	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	005 Q Discharge Number

MAJOR
(SUBR 01)
F - FINAL
NSLS COOLG TOWR BLOWDN ETC (HS)
*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
02	10	01	02	12	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU) See Note 1	SAMPLE MEASUREMENT	******	******		******	******	0.0036	(19)	0	01/90	GR
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		QTRLY	GRAB
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	< 0.05	(19)	0	01/90	GR
85812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	< 0.005	(19)	0	01/90	GR
85813 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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)
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL. 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	007 M Discharge Number

Monitoring Period From YR	MO	DAY	To YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
WATER TREATMENT PLT BKWSH (HX)
*** No Discharge ☐ ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT	******	280000	(07)	******	******	******		0	53/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.2	(12)	0	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
Typed or Printed

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Signature of Principal Executive Officer or Authorized Agent

Telephone 631-344-3424

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	MAJOR (SUBR 01) F - FINAL

Monitoring Period From YR	MO	DAY	To YR	MO	DAY
02	10	01	02	12	31

STORMWTR RUNOFF WAREHOUSE (HW)
*** No Discharge ☐ ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 3	SAMPLE MEASUREMENT	******	760	(07)	******	******	******		0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.3	******	7.3	(12)	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/30	GR
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/30	GR
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

Typed or Printed

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Signature of Principal Executive Officer or Authorized Agent

Telephone 631-344-3424

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	008 Q Discharge Number

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

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
02	10	01	02	12	31

*** No Discharge ☐ ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.21	(19)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	2.0 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

Typed or Printed

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Signature of Principal Executive Officer or Authorized Agent

Telephone
631-344-3424

Date Signed

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

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

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

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

NY0005835 Permit Number	010 M Discharge Number

Monitoring Period From YR	MO	DAY	To YR	MO	DAY
02	10	01	02	12	31

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

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE See Note 3	SAMPLE MEASUREMENT	******	1100	(07)	******	******	******		0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.4	******	7.4	(12)	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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)
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	010 Q Discharge Number

Monitoring Period From YR	MO	DAY	To YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
SW RUNOFF FROM CENTRAL STM (H)
*** 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
COPPER, TOTAL (AS CU) See Note 1 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.0061	(19)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		QTRLY	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.010	(19)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.05 DAILY MX	MG/L		QTRLY	GRAB
VANADIUM, TOTAL (AS V) See Note 1 01087 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.017	(19)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	1.79	(19)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	2.0 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael 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)

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	DAY	To YR	MO	DAY
02	10	01	02	12	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	******	******		7.2	******	8.1	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(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	0.037	******	(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

Typed or Printed

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Signature of Principal Executive Officer or Authorized Agent

Telephone
631-344-3424

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	06A Q Discharge Number

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
02	10	01	02	12	31

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

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	******	******		******	******	0.03	(19)	0	01/90	GR
85812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE	SAMPLE MEASUREMENT	******	******		******	******	< 0.005	(19)	0	01/90	GR
85813 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.2 DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

Typed or Printed

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Signature of Principal Executive Officer or Authorized Agent

Telephone
631-344-3424

Date Signed

Comments and Explanation of any violations (Reference all attachments here)
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL.
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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	DAY	To YR	MO	DAY
02	10	01	02	12	31

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

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.2	******	8.1	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(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	0.71	******	(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

Typed or Printed

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Signature of Principal Executive Officer or Authorized Agent

Telephone 631-344-3424

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 Q Discharge Number

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
02	10	01	02	12	31

MAJOR
(SUBR 01)
F - FINAL
COOLG TOWRS FROM 919 ETC (HT2)
*** No Discharge ☐ ****

Note: Read Instructions before completing this form

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

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

Typed or Printed

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Signature of Principal Executive Officer or Authorized Agent

Telephone
631-344-3424

Date Signed

Comments and Explanation of any violations (Reference all attachments here)
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL.
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

Agency Contact: R. Sorrentino DEC Region:

Report: Violation: Order Violation: Anticipated Noncompliance: Bypass/Overflow

SECTION 2

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

Date of noncompliance: 12 / 20 / 02 Location (Outfall, Treatment Unit, or Pump Station): 002

Description of noncompliance and causes: The pH at Outfall 002 on 12/20/02 at 1123 was measured at 9.35 SU during weekly flow chart exchange and water quality measurement. A reading 15 minutes later confirmed the excursion with a pH reading of 9.10 SU. The permit limit value is 9.0 SU. The excursion was determined to be stormwater run off from a construction site.

Was cause a bypass? (Yes) (No) If Yes, where? 12/23/03 Was a bypass or a plant upset? (Yes) (No) SPDES Permit violated? (Yes)

Start date/time of event: 12 / 20 / 02 11:23 (AM) (PM) End date/time of event: 12 / 23 / 02 9:14 (AM) (PM)

Date/time first notification made to DEC: 12 / 20 / 02 12:30 (AM) (PM) DEC Official contacted: R. Sorrentino

Immediate corrective actions: Stormwater runoff from a construction site was observed to have an elevated pH of 10SU due to its interaction with a recently poured concrete curb and the installed crushed concrete parking area. The construction site within the stormwater area which leads to outfall 002. Total rainfall for the day was 1.4 inches lasting from 6 am until 2 pm. R. Sorrentino, NYSDEC Region 1 advised that no mitigative actions were needed.

Long term corrective actions: R. Sorrentino asked that the pH be rechecked on 12/23/02 to ensure values had returned to normal. The pH was measured at 09:14 on 12/23/02; value was 8.0SU. A Stormwater Leachate Meeting will be held to discuss possible preventive actions.

SECTION 3

Complete this section if event was a bypass.

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

DEC Official contacted: _____ Date of DEC approval: _____

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

SECTION 4

Facility Representative: _____ Title: _____ Date: _____

Phone #: ( ) _____ Fax #: ( ) _____

ATTACHMENT II

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR DECEMBER 2002

NON-COMPLIANCE REPORT

ATTACHMENT III

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR DECEMBER 2002

ANALYTICAL RESULTS FROM H2M LABS, INC.

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

12/2/02, 12/4/02 AND 12/6/02

FROM OUTFALL 001

NYSDEC - ASP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15784-001

Lab Name: H2M_LABS,_INC._____ Contract: _____

L. 'ode: 10478__ Case No.: _____ SAS No.: _____ SDG No.: BNLS710

Matrix (soil/water): WATER__ Lab Sample ID: 0212024-001_

Level (low/med): LOW____ Date Received: 12/02/02_

% Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	46.3	B		P
7440-36-0	Antimony	3.4	U		P
7440-38-2	Arsenic	1.8	U		P
7440-39-3	Barium	14.7	B		P
7440-41-7	Beryllium	0.16	B		P
7440-43-9	Cadmium	0.10	U		P
7440-70-2	Calcium	11700			P
7440-47-3	Chromium	1.2	B		P
7440-48-4	Cobalt	0.70	B		P
7440-50-8	Copper	31.2			P
7439-89-6	Iron	174			P
7439-92-1	Lead	0.80	U		P
7439-95-4	Magnesium	3310	B		P
7439-96-5	Manganese	3.6	B		P
7439-97-6	Mercury	0.10	B		CV
7440-02-0	Nickel	3.8	B		P
7440-09-7	Potassium	4510	B		P
7782-49-2	Selenium	2.6	U		P
7440-22-4	Silver	1.0	B		P
7440-23-5	Sodium	29200			P
7440-28-0	Thallium	3.1	B		P
7440-62-2	Vanadium	2.0	B		P
7440-66-6	Zinc	35.1		E	P
	Cyanide				NR

Outfall 001
Sampled 12-2-02
24 Hr. Composite

olor Before: COLORLESS_ Clarity Before: CLEAR__ Texture: _____

olor After: COLORLESS_ Clarity After: CLEAR__ Artifacts: _____

omments:

DATE_REPORTED_12/18/02_____

FORM I - IN 10/95

BNLS710 S 54

NYSDEC - ASP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15789-001

Lab Name: H2M_LABS,_INC._____ Contract: _____

Lab Code: 10478_ Case No.: _____ SAS No.: _____ SDG No.: BNLS710

Matrix (soil/water): WATER__ Lab Sample ID: 0212128-001_

Level (low/med): LOW____ Date Received: 12/04/02_

% Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	52.3	B		P
7440-36-0	Antimony	3.4	U		P
7440-38-2	Arsenic	1.8	U		P
7440-39-3	Barium	18.0	B		P
7440-41-7	Beryllium	0.10	U		P
7440-43-9	Cadmium	0.10	U		P
7440-70-2	Calcium	14100			P
7440-47-3	Chromium	0.85	B		P
7440-48-4	Cobalt	0.63	B		P
7440-50-8	Copper	40.9			P
7439-89-6	Iron	196			P
7439-92-1	Lead	0.80	U		P
7439-95-4	Magnesium	3720	B		P
7439-96-5	Manganese	2.8	B		P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	6.6	B		P
7440-09-7	Potassium	5170			P
7782-49-2	Selenium	2.6	U		P
7440-22-4	Silver	0.80	U		P
7440-23-5	Sodium	33600			P
7440-28-0	Thallium	2.5	U		P
7440-62-2	Vanadium	1.9	B		P
7440-66-6	Zinc	47.3		E	P
	Cyanide				NR

Outfall 001
Sampled 12-4-02
24 Hr. Composite

Color Before: COLORLESS_ Clarity Before: CLEAR__ Texture: _____

Color After: COLORLESS_ Clarity After: CLEAR__ Artifacts: _____

Comments:

DATE_REPORTED_12/18/02

FORM I - IN 10/95

BNLS710 S 69

NYSDEC - ASP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15792-001

Lab Name: H2M_LABS,_INC._____ Contract: _____

La ode: 10478_ Case No.: _____ SAS No.: _____ SDG No.: BNLS710

Matrix (soil/water): WATER__ Lab Sample ID: 0212178-001_

Level (low/med): LOW____ Date Received: 12/06/02_

% Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	84.0	B		P
7440-36-0	Antimony	3.4	U		P
7440-38-2	Arsenic	1.8	U		P
7440-39-3	Barium	18.6	B		P
7440-41-7	Beryllium	0.10	U		P
7440-43-9	Cadmium	0.10	U		P
7440-70-2	Calcium	14700			P
7440-47-3	Chromium	1.1	B		P
7440-48-4	Cobalt	0.71	B		P
7440-50-8	Copper	42.7			P
7439-89-6	Iron	198			P
7439-92-1	Lead	0.80	U		P
7439-95-4	Magnesium	3840	B		P
7439-96-5	Manganese	3.1	B		P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	4.7	B		P
7440-09-7	Potassium	5410			P
7782-49-2	Selenium	2.6	U		P
7440-22-4	Silver	0.80	U		P
7440-23-5	Sodium	34900			P
7440-28-0	Thallium	2.5	U		P
7440-62-2	Vanadium	1.6	B		P
7440-66-6	Zinc	52.7		E	P
	Cyanide				NR

Outfall 001
Sampled 12-6-02
24 Hr. Composite

lor Before: COLORLESS_ Clarity Before: CLEAR__ Texture: _____

lor After: COLORLESS_ Clarity After: CLEAR__ Artifacts: _____

mments:

DATE_REPORTED_12/18/02

BNLS710 S 83

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 : SAL SCARPITTA

Lab No. : 0212024-001

Client ID. : 15784-001

Sample Information...
Type : Aqueous

Origin:

Collected 12/2/2002 10:40:00 AM
Received 12/2/2002 3:12:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 2	mg/L	E405.1	12/2/2002 2:02:00 PM
Nitrogen, Total	3.9	mg/L	M4500-N C	12/11/2002
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	12/6/2002 3:40:44 PM
Nitrite as N	0.05	mg/L	E353.2	12/4/2002 9:51:03 AM
Nitrate as N	3.52	mg/L	E353.2	12/10/2002 6:22:03 PM
Phosphorus, Total (As P)	1.03	mg/L	E365.2	12/11/2002 7:02:00 AM
Nitrogen, Kjeldahl, Total	0.34	mg/L	E351.2	12/7/2002 1:41:06 PM
Suspended Solids	< 4	mg/L	E160.2	12/3/2002 2:19:00 PM

Outfall 001
Sampled 12-2-02
24 Hr. Composite

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

Joann M. Slavin
Laboratory Manager

Date Reported : 1/2/2003

BNLS710 S 55

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 : SAL SCARPITTA

Lab No. : 0212024-004

Client ID. : 15784-004

Sample Information...
Type : Aqueous

Origin:

Collected 12/2/2002
Received 12/2/2002 3:12:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 2	mg/L	E405.1	12/2/2002 2:05:00 PM

outfall 001
Sampled 12-2-02
24 Hr. Composite
Duplicate

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

Joann M. Slavin
Laboratory Manager

Date Reported : 1/2/2003

BNLS710 S 65

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. : 0212128-001

Client ID. : 15789-001

Sample Information...
Type : Aqueous

Origin:

Collected 12/4/2002 9:06:00 AM
Received 12/4/2002 3:35:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 2	mg/L	E405.1	12/5/2002 2:13:00 PM
Nitrogen, Total	4.4	mg/L	M4500-N C	12/11/2002
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	12/6/2002 3:43:43 PM
Nitrite as N	0.08	mg/L	E353.2	12/6/2002 11:08:30 AM
Nitrate as N	3.88	mg/L	E353.2	12/10/2002 6:25:22 PM
Phosphorus, Total (As P)	0.98	mg/L	E365.2	12/11/2002 7:05:00 AM
Nitrogen, Kjeldahl, Total	0.41	mg/L	E351.2	12/7/2002 1:43:18 PM
Suspended Solids	< 4	mg/L	E160.2	12/11/2002 3:02:00 PM

Outfall 001
Sampled 12-4-02
24 Hr. Composite

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

Joann M. Slavin
Laboratory Manager

Date Reported : 1/2/2003

BNLS710 S 70

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. : 0212178-001

Client ID. : 15792-001

Sample Information...
Type : Aqueous

Origin:

Collected 12/6/2002 10:17:00 AM
Received 12/6/2002 3:37:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 2	mg/L	E405.1	12/7/2002 2:02:00 PM
Nitrogen, Total	8.5	mg/L	M4500-N C	12/19/2002
Nitrogen, Ammonia (As N)	0.11	mg/L	E350.1	12/17/2002 1:44:46 PM
Nitrite as N	0.02	mg/L	E353.2	12/7/2002 11:18:16 AM
Nitrate as N	8.05	mg/L	E353.2	12/10/2002 6:26:01 PM
Phosphorus, Total (As P)	1.17	mg/L	E365.2	12/11/2002 7:06:00 AM
Nitrogen, Kjeldahl, Total	0.52	mg/L	E351.2	12/18/2002 4:31:51 PM
Suspended Solids	< 8	mg/L	E160.2	12/9/2002 12:24:00 AM

outfall 001
Sampled 12-6-02
24 Hr. Composite

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

Date Reported : 1/2/2003

Joann M. Slavin
Laboratory Manager

BNLS710 S 84

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 : SAL SCARPITTA

Lab No. : 0212024-002

Client ID. : 15784-002

Sample Information...
Type : Aqueous

Origin:

Collected 12/2/2002 2:10:00 PM
Received 12/2/2002 3:12:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Fecal Coliform	< 2	MPN	M9221 C	12/2/2002 4:00:00 PM

Outfall 001
Sampled 12-2-02
Grab Sample

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

Date Reported : 1/2/2003

Joann M. Slavin
Laboratory Manager

BNLS710 S 62

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. : 0212178-002

Client ID. : 15792-002

Sample Information...
Type : Aqueous

Origin:

Collected 12/6/2002 2:00:00 PM
Received 12/6/2002 3:37:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Fecal Coliform	< 2	MPN	M9221 C	12/6/2002 5:15:00 PM

Outfall 001
Sampled 12-6-02
Grab Sample

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

Date Reported : 1/2/2003

Joann M. Slavin
Laboratory Manager

BNLS710 S 91

NYSDEC - ASP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15784-002

Lab Name: H2M_LABS,_INC._____ Contract: _____

L: 'ode: 10478_ Case No.: _____ SAS No.: _____ SDG No.: BNLS710

Matrix (soil/water): WATER__ Lab Sample ID: 0212024-002_

Level (low/med): LOW____ Date Received: 12/02/02_

% Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic				NR
7440-39-3	Barium				NR
7440-41-7	Beryllium				NR
7440-43-9	Cadmium				NR
7440-70-2	Calcium				NR
7440-47-3	Chromium				NR
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead				NR
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury				NR
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium				NR
7440-22-4	Silver				NR
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide	10.0	U		CA

Outfall 001
Sampled 12-2-02
Grab Sample

:lor Before: _____ Clarity Before: _____ Texture: _____

:lor After: _____ Clarity After: _____ Artifacts: _____

:mments:

DATE_REPORTED_12/18/02

FORM I - IN 10/95

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1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15789-002

Lab Name: H2M_LABS,_INC._____ Contract: _____

L Code: 10478_ Case No.: _____ SAS No.: _____ SDG No.: BNLS710

Matrix (soil/water): WATER__ Lab Sample ID: 0212128-002_

Level (low/med): LOW____ Date Received: 12/04/02_

% Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic				NR
7440-39-3	Barium				NR
7440-41-7	Beryllium				NR
7440-43-9	Cadmium				NR
7440-70-2	Calcium				NR
7440-47-3	Chromium				NR
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead				NR
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury				NR
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium				NR
7440-22-4	Silver				NR
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide	10.0	U		CA

Outfall 001
Sampled 12-4-02
Grab Sample

Color Before: _____ Clarity Before: _____ Texture: _____

Color After: _____ Clarity After: _____ Artifacts: _____

Comments:

DATE_REPORTED_12/18/02

NYSDEC - ASP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15792-002

Lab Name: H2M_LABS,_INC._____ Contract: _____

Lab Code: 10478_ Case No.: _____ SAS No.: _____ SDG No.: BNLS710

Matrix (soil/water): WATER__ Lab Sample ID: 0212178-002_

Level (low/med): LOW____ Date Received: 12/06/02_

% Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic				NR
7440-39-3	Barium				NR
7440-41-7	Beryllium				NR
7440-43-9	Cadmium				NR
7440-70-2	Calcium				NR
7440-47-3	Chromium				NR
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead				NR
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury				NR
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium				NR
7440-22-4	Silver				NR
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide	10.0	U		CA

Outfall 001
Sampled 12-6-02
Grab Sample

Color Before: _____ Clarity Before: _____ Texture: _____

Color After: _____ Clarity After: _____ Artifacts: _____

Comments:

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BNLS710 S 90

1A

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15784-002

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS710

Matrix: (soil/water) WATER Lab Sample ID: 0212024-002A

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F11405.D

Level: (low/med) LOW Date Received: 12/02/02

% Moisture: not dec. Date Analyzed: 12/09/02

GC Column: HP-VOCOL ID: .2 (mm) Dilution Factor: 1.00

Soil Extract Volume: _____ (µL) Soil Aliquot Volume _____ (µL)

CONCENTRATION UNITS:

CAS NO.	COMPOUND (µg/L or µg/Kg)	UG/L	Q
74-87-3	Chloromethane	1	U
75-01-4	Vinyl chloride	1	U
74-83-9	Bromomethane	1	U
75-00-3	Chloroethane	1	U
75-69-4	Trichlorofluoromethane	1	U
67-64-1	Acetone	3	J
75-35-4	1,1-Dichloroethene	1	U
75-09-2	Methylene chloride	1	U
75-15-0	Carbon disulfide	1	U
156-60-5	trans-1,2-Dichloroethene	1	U
156-59-2	cis-1,2-Dichloroethene	1	U
108-05-4	Vinyl acetate	1	U
75-34-3	1,1-Dichloroethane	1	U
78-93-3	2-Butanone	5	U
67-66-3	Chloroform	1	U
107-06-2	1,2-Dichloroethane	1	U
71-55-6	1,1,1-Trichloroethane	1	U
56-23-5	Carbon tetrachloride	1	U
71-43-2	Benzene	1	U
79-01-6	Trichloroethene	1	U
78-87-5	1,2-Dichloropropane	1	U
75-27-4	Bromodichloromethane	1	U
110-75-8	2-Chloroethylvinyl ether	1	U
10061-01-5	cis-1,3-Dichloropropene	1	U
10061-02-6	trans-1,3-Dichloropropene	1	U
79-00-5	1,1,2-Trichloroethane	1	U
100-41-4	Ethylbenzene	1	U
124-48-1	Dibromochloromethane	1	U
75-25-2	Bromoform	1	U
108-10-1	4-Methyl-2-pentanone	5	U
591-78-6	2-Hexanone	5	U
108-88-3	Toluene	1	U

outfall 001
Sampled 12-2-02
Grab Sample

BNLS710 S 56

1A

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15789-002

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS710

Matrix: (soil/water) WATER Lab Sample ID: 0212128-002A

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F11409.D

Level: (low/med) LOW Date Received: 12/04/02

% Moisture: not dec. Date Analyzed: 12/10/02

GC Column: HP-VOCOL ID: .2 (mm) Dilution Factor: 1.00

Soil Extract Volume: _____ (µL) Soil Aliquot Volume _____ (µL)

CONCENTRATION UNITS:

CAS NO.	COMPOUND (µg/L or µg/Kg)	UG/L	Q
74-87-3	Chloromethane	1	U
75-01-4	Vinyl chloride	1	U
74-83-9	Bromomethane	1	U
75-00-3	Chloroethane	1	U
75-69-4	Trichlorofluoromethane	1	U
67-64-1	Acetone	5	
75-35-4	1,1-Dichloroethene	1	U
75-09-2	Methylene chloride	1	U
75-15-0	Carbon disulfide	1	U
156-60-5	trans-1,2-Dichloroethene	1	U
156-59-2	cis-1,2-Dichloroethene	1	U
108-05-4	Vinyl acetate	1	U
75-34-3	1,1-Dichloroethane	1	U
78-93-3	2-Butanone	5	U
67-66-3	Chloroform	1	U
107-06-2	1,2-Dichloroethane	1	U
71-55-6	1,1,1-Trichloroethane	1	U
56-23-5	Carbon tetrachloride	1	U
71-43-2	Benzene	1	U
79-01-6	Trichloroethene	1	U
78-87-5	1,2-Dichloropropane	1	U
75-27-4	Bromodichloromethane	1	U
110-75-8	2-Chloroethylvinyl ether	1	U
10061-01-5	cis-1,3-Dichloropropene	1	U
10061-02-6	trans-1,3-Dichloropropene	1	U
79-00-5	1,1,2-Trichloroethane	1	U
100-41-4	Ethylbenzene	1	U
124-48-1	Dibromochloromethane	1	U
75-25-2	Bromoform	1	U
108-10-1	4-Methyl-2-pentanone	5	U
591-78-6	2-Hexanone	5	U
108-88-3	Toluene	1	U

Outfall 001
Sampled 12-4-02
Grab Sample

BNLS710 S 71

1B

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15789-002

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS710

Matrix: (soil/water) WATER Lab Sample ID: 0212128-002A

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F11409.D

Level: (low/med) LOW Date Received: 12/04/02

% Moisture: not dec. Date Analyzed: 12/10/02

GC Column: HP-VOCOL ID: .2 (mm) Dilution Factor: 1.00

Soil Extract Volume: _____ (µL) Soil Aliquot Volume _____ (µL)

CAS NO.	COMPOUND	CONCENTRATION UNITS: (µg/L or µg/Kg) UG/L	Q
127-18-4	Tetrachloroethene	1	U
108-90-7	Chlorobenzene	1	U
1330-20-7	Xylene (total)	1	U
79-34-5	1,1,2,2-Tetrachloroethane	1	U
541-73-1	1,3-Dichlorobenzene	1	U
106-46-7	1,4-Dichlorobenzene	1	U
95-50-1	1,2-Dichlorobenzene	1	U

outfall 001
Sampled 12-4-02
Grab Sample

BNLS710 S 72

1A

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15792-002

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS710

Matrix: (soil/water) WATER Lab Sample ID: 0212178-002A

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F11411.D

Level: (low/med) LOW Date Received: 12/06/02

% Moisture: not dec. Date Analyzed: 12/10/02

GC Column: HP-VOCOL ID: .2 (mm) Dilution Factor: 1.00

Soil Extract Volume: _____ (µL) Soil Aliquot Volume _____ (µL)

CONCENTRATION UNITS:

CAS NO.	COMPOUND (µg/L or µg/Kg)	UG/L	Q
74-87-3	Chloromethane	1	U
75-01-4	Vinyl chloride	1	U
74-83-9	Bromomethane	1	U
75-00-3	Chloroethane	1	U
75-69-4	Trichlorofluoromethane	1	U
67-64-1	Acetone	3	J
75-35-4	1,1-Dichloroethene	1	U
75-09-2	Methylene chloride	1	U
75-15-0	Carbon disulfide	1	U
156-60-5	trans-1,2-Dichloroethene	1	U
156-59-2	cis-1,2-Dichloroethene	1	U
108-05-4	Vinyl acetate	1	U
75-34-3	1,1-Dichloroethane	1	U
78-93-3	2-Butanone	5	U
67-66-3	Chloroform	1	U
107-06-2	1,2-Dichloroethane	1	U
71-55-6	1,1,1-Trichloroethane	1	U
56-23-5	Carbon tetrachloride	1	U
71-43-2	Benzene	1	U
79-01-6	Trichloroethene	1	U
78-87-5	1,2-Dichloropropane	1	U
75-27-4	Bromodichloromethane	1	U
110-75-8	2-Chloroethylvinyl ether	1	U
10061-01-5	cis-1,3-Dichloropropene	1	U
10061-02-6	trans-1,3-Dichloropropene	1	U
79-00-5	1,1,2-Trichloroethane	1	U
100-41-4	Ethylbenzene	1	U
124-48-1	Dibromochloromethane	1	U
75-25-2	Bromoform	1	U
108-10-1	4-Methyl-2-pentanone	5	U
591-78-6	2-Hexanone	5	U
108-88-3	Toluene	1	U

Outfall 001
Sampled 12-6-02
Grab Sample

BNLS710 S 85

1B

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15792-002

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS710

Matrix: (soil/water) WATER Lab Sample ID: 0212178-002A

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F11411.D

Level: (low/med) LOW Date Received: 12/06/02

% Moisture: not dec. Date Analyzed: 12/10/02

GC Column: HP-VOCOL ID: .2 (mm) Dilution Factor: 1.00

Soil Extract Volume: _____ (µL) Soil Aliquot Volume _____ (µL)

CONCENTRATION UNITS:

CAS NO.	COMPOUND (µg/L or µg/Kg)	UG/L	Q
127-18-4	Tetrachloroethene	1	U
108-90-7	Chlorobenzene	1	U
1330-20-7	Xylene (total)	1	U
79-34-5	1,1,2,2-Tetrachloroethane	1	U
541-73-1	1,3-Dichlorobenzene	1	U
106-46-7	1,4-Dichlorobenzene	1	U
95-50-1	1,2-Dichlorobenzene	1	U

Outfall 001
Sampled 12-6-02
Grab Sample

BNLS710 S 86

1E

PESTICIDE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15784-002

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS710

Matrix: (soil/water) WATER Lab Sample ID: 0212024-002D

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A20964.RAW

% Moisture: Decanted: (Y/N) N Date Received: 12/02/02

Extraction: (Type) CONT Date Extracted: 12/06/02

Concentrated Extract Volume: 10000 (uL) Date Analyzed: 12/12/02

Injection Volume: 0.5 (uL) Dilution Factor: 1.00

GPC Cleanup: (Y/N) N pH: ____ Sulfur Cleanup: (Y/N) N

CAS NO.	COMPOUND	CONCENTRATION UNITS: (µg/L or µg/Kg) UG/L	Q
319-84-6	alpha-BHC	0.050	U
319-85-7	beta-BHC	0.050	U
319-86-8	delta-BHC	0.050	U
58-89-9	gamma-BHC	0.050	U
76-44-8	Heptachlor	0.050	U
309-00-2	Aldrin	0.050	U
1024-57-3	Heptachlor epoxide	0.050	U
959-98-8	Endosulfan I	0.050	U
60-57-1	Dieldrin	0.10	U
72-55-9	4,4'-DDE	0.10	U
72-20-8	Endrin	0.10	U
33213-65-9	Endosulfan II	0.10	U
72-54-8	4,4'-DDD	0.10	U
1031-07-8	Endosulfan sulfate	0.10	U
50-29-3	4,4'-DDT	0.10	U
72-43-5	Methoxychlor	0.50	U
53494-70-5	Endrin ketone	0.10	U
7421-93-4	Endrin aldehyde	0.10	U
57-74-9	Chlordane	1.0	U
8001-35-2	Toxaphene	5.0	U

Outfall 001
Sampled 12-2-02
Grab Sample

1E

PESTICIDE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15789-002

Lab Name: H2M LABS, INC. Contract: _____

Lab Code: 10478 Case No.: BNLS SAS No.: _____ SDG No.: BNLS710

Matrix: (soil/water) WATER Lab Sample ID: 0212128-002D

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A20965.RAW

% Moisture: Decanted: (Y/N) N Date Received: 12/04/02

Extraction: (Type) CONT Date Extracted: 12/06/02

Concentrated Extract Volume: 10000 (uL) Date Analyzed: 12/12/02

Injection Volume: 0.5 (uL) Dilution Factor: 1.00

GPC Cleanup: (Y/N) N pH: ____ Sulfur Cleanup: (Y/N) N

CAS NO.	COMPOUND	CONCENTRATION UNITS: (µg/L or µg/Kg) UG/L	Q
319-84-6	alpha-BHC	0.050	U
319-85-7	beta-BHC	0.050	U
319-86-8	delta-BHC	0.050	U
58-89-9	gamma-BHC	0.050	U
76-44-8	Heptachlor	0.050	U
309-00-2	Aldrin	0.050	U
1024-57-3	Heptachlor epoxide	0.050	U
959-98-8	Endosulfan I	0.050	U
60-57-1	Dieldrin	0.10	U
72-55-9	4,4'-DDE	0.10	U
72-20-8	Endrin	0.10	U
33213-65-9	Endosulfan II	0.10	U
72-54-8	4,4'-DDD	0.10	U
1031-07-8	Endosulfan sulfate	0.10	U
50-29-3	4,4'-DDT	0.10	U
72-43-5	Methoxychlor	0.50	U
53494-70-5	Endrin ketone	0.10	U
7421-93-4	Endrin aldehyde	0.10	U
57-74-9	Chlordane	1.0	U
8001-35-2	Toxaphene	5.0	U

Outfall 001
Sampled 12-4-02
Grab Sample

BNLS710 S 74

1E

PESTICIDE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15792-002

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS710

Matrix: (soil/water) WATER Lab Sample ID: 0212178-002D

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A20966.RAW

% Moisture: Decanted: (Y/N) N Date Received: 12/06/02

Extraction: (Type) CONT Date Extracted: 12/09/02

Concentrated Extract Volume: 10000 (uL) Date Analyzed: 12/12/02

Injection Volume: 0.5 (uL) Dilution Factor: 1.00

GPC Cleanup: (Y/N) N pH: ____ Sulfur Cleanup: (Y/N) N

CAS NO.	COMPOUND	CONCENTRATION UNITS: (µg/L or µg/Kg) UG/L	Q
319-84-6	alpha-BHC	0.050	U
319-85-7	beta-BHC	0.050	U
319-86-8	delta-BHC	0.050	U
58-89-9	gamma-BHC	0.050	U
76-44-8	Heptachlor	0.050	U
309-00-2	Aldrin	0.050	U
1024-57-3	Heptachlor epoxide	0.21	P
959-98-8	Endosulfan I	0.050	U
60-57-1	Dieldrin	0.10	U
72-55-9	4,4'-DDE	0.10	U
72-20-8	Endrin	0.10	U
33213-65-9	Endosulfan II	0.10	U
72-54-8	4,4'-DDD	0.10	U
1031-07-8	Endosulfan sulfate	0.10	U
50-29-3	4,4'-DDT	0.10	U
72-43-5	Methoxychlor	0.50	U
53494-70-5	Endrin ketone	0.10	U
7421-93-4	Endrin aldehyde	0.10	U
57-74-9	Chlordane	1.0	U
8001-35-2	Toxaphene	5.0	U

Outfall 001
Sampled 12-6-02
Grab Sample

BNLS710 S 88

1E

PESTICIDE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15784-002LL

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS710

Matrix: (soil/water) WATER Lab Sample ID: 0212024-002D

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A20969.RAW

% Moisture: Decanted: (Y/N) N Date Received: 12/02/02

Extraction: (Type) CONT Date Extracted: 12/06/02

Concentrated Extract Volume: 1000 (uL) Date Analyzed: 12/12/02

Injection Volume: 0.5 (uL) Dilution Factor: 1.00

GPC Cleanup: (Y/N) N pH: ____ Sulfur Cleanup: (Y/N) N

CAS NO.	COMPOUND	CONCENTRATION UNITS: (µg/L or µg/Kg) UG/L	Q
12674-11-2	Aroclor 1016	0.065	U
11104-28-2	Aroclor 1221	0.065	U
11141-16-5	Aroclor 1232	0.065	U
53469-21-9	Aroclor 1242	0.065	U
12672-29-6	Aroclor 1248	0.065	U
11097-69-1	Aroclor 1254	0.065	U
11096-82-5	Aroclor 1260	0.065	U

Outfall 001
Sampled 12-2-02
Grab Sample

BNLS710 S 60

1E

PESTICIDE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15789-002LL

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS710

Matrix: (soil/water) WATER Lab Sample ID: 0212128-002D

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A20970.RAW

% Moisture: Decanted: (Y/N) N Date Received: 12/04/02

Extraction: (Type) CONT Date Extracted: 12/06/02

Concentrated Extract Volume: 1000 (uL) Date Analyzed: 12/12/02

Injection Volume: 0.5 (uL) Dilution Factor: 1.00

GPC Cleanup: (Y/N) N pH: ____ Sulfur Cleanup: (Y/N) N

CAS NO.	COMPOUND	CONCENTRATION UNITS: (µg/L or µg/Kg) UG/L	Q
12674-11-2	Aroclor 1016	0.065	U
11104-28-2	Aroclor 1221	0.065	U
11141-16-5	Aroclor 1232	0.065	U
53469-21-9	Aroclor 1242	0.065	U
12672-29-6	Aroclor 1248	0.065	U
11097-69-1	Aroclor 1254	0.065	U
11096-82-5	Aroclor 1260	0.065	U

Outfall 001
Sampled 12-4-02
Grab Sample

1E

PESTICIDE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15792-002LL

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS710

Matrix: (soil/water) WATER Lab Sample ID: 0212178-002D

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A20971.RAW

% Moisture: Decanted: (Y/N) N Date Received: 12/06/02

Extraction: (Type) CONT Date Extracted: 12/09/02

Concentrated Extract Volume: 1000 (uL) Date Analyzed: 12/12/02

Injection Volume: 0.5 (uL) Dilution Factor: 1.00

GPC Cleanup: (Y/N) N pH: ____ Sulfur Cleanup: (Y/N) N

CAS NO.	COMPOUND	CONCENTRATION UNITS: (µg/L or µg/Kg) UG/L	Q
12674-11-2	Aroclor 1016	0.065	U
11104-28-2	Aroclor 1221	0.065	U
11141-16-5	Aroclor 1232	0.065	U
53469-21-9	Aroclor 1242	0.065	U
12672-29-6	Aroclor 1248	0.065	U
11097-69-1	Aroclor 1254	0.065	U
11096-82-5	Aroclor 1260	0.065	U

Outfall 001
Sampled 12-6-02
Grab Sample

BNLS710 S 89

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 : SAL SCARPITTA

Lab No. : 0212024-003

Client ID. : 15784-003

Sample Information...
Type : Aqueous

Origin:

Collected 12/2/2002 11:30:00 AM
Received 12/2/2002 3:12:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	29	mg/L	E405.1	12/2/2002 2:04:00 PM
Suspended Solids	50	mg/L	E160.2	12/3/2002 2:20:00 PM

STP Influent
Sampled 12-2-02
~~Grab~~ 24 Hr. Composite
MA
1-6-03

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

Joann M. Slavin
Laboratory Manager

Date Reported : 1/2/2003

BNLS710 S 64

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. : 0212128-003

Client ID. : 15789-003

Sample Information...
Type : Aqueous

Origin:

Collected 12/4/2002 9:15:00 AM
Received 12/4/2002 3:35:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	52	mg/L	E405.1	12/5/2002 2:14:00 PM
Suspended Solids	78	mg/L	E160.2	12/11/2002 3:03:00 PM

STP Influent
Sampled 12-4-02
24 Hr. Composite.

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

Date Reported : 1/2/2003

Joann M. Slavin
Laboratory Manager

BNLS710 S 79

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. : 0212178-003

Client ID. : 15792-003

Sample Information...
Type : Aqueous

Origin:

Collected 12/6/2002 11:19:00 AM
Received 12/6/2002 3:37:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	37	mg/L	E405.1	12/7/2002 2:03:00 PM
Suspended Solids	24	mg/L	E160.2	12/9/2002 2:07:00 PM

STP Influent
Sampled 12-6-02
24 Hr. Composite

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

Date Reported : 1/2/2003

Joann M. Slavin
Laboratory Manager

BNLS710 S 93

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. : 0212178-003

Client ID. : 15792-003

Sample Information...
Type : Aqueous

Origin:

Collected 12/6/2002 11:19:00 AM
Received 12/6/2002 3:37:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	37	mg/L	E405.1	12/7/2002 2:03:00 PM
Suspended Solids	24	mg/L	E160.2	12/9/2002 2:07:00 PM

STP Influent
Sampled 12-6-02
24 Hr. Composite

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

Joann M. Slavin
Laboratory Manager

Date Reported : 1/2/2003

BNLS710 S 93

ATTACHMENT IV

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR DECEMBER 2002

ANALYTICAL RESULTS FROM H2M LABS INC.

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

FROM OUTFALLS 001A, 001B, 001D, 002, 002B, 005, 006A, 006B, 008, AND 010

1C

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15385-001

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: _____ SDG No.: BNLS696

Matrix: (soil/water) WATER Lab Sample ID: 0210517-001B

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A\C21827.D Outfall 001A

Level: (low/med) LOW Date Received: 10/16/02 Sampled 10-15-02

% Moisture: Decanted: (Y/N) N Date Extracted: 10/21/02 Grab Sample

Concentrated Extract Volume: 1000 (µL) Date Analyzed: 10/24/02

Injection Volume: (µL) Dilution Factor: 1.00

GPC Cleanup: (Y/N) N pH: ____ Extraction: (Type) CONT

CAS NO.	COMPOUND	CONCENTRATION UNITS: (µg/L or µg/Kg) UG/L	Q
62-75-9	N-Nitrosodimethylamine	10	U
108-95-2	Phenol	10	U
111-44-4	Bis(2-chloroethyl)ether	10	U
95-57-8	2-Chlorophenol	10	U
541-73-1	1,3-Dichlorobenzene	10	U
106-46-7	1,4-Dichlorobenzene	10	U
95-50-1	1,2-Dichlorobenzene	10	U
108-60-1	2,2'-oxybis(1-Chloropropane)	10	U
621-64-7	N-Nitroso-di-n-propylamine	10	U
67-72-1	Hexachloroethane	10	U
98-95-3	Nitrobenzene	10	U
78-59-1	Isophorone	10	U
88-75-5	2-Nitrophenol	25	U
105-67-9	2,4-Dimethylphenol	10	U
111-91-1	Bis(2-chloroethoxy)methane	10	U
120-83-2	2,4-Dichlorophenol	10	U
120-82-1	1,2,4-Trichlorobenzene	10	U
91-20-3	Naphthalene	10	U
87-68-3	Hexachlorobutadiene	10	U
59-50-7	4-Chloro-3-methylphenol	10	U
77-47-4	Hexachlorocyclopentadiene	10	U
88-06-2	2,4,6-Trichlorophenol	10	U
91-58-7	2-Chloronaphthalene	10	U
131-11-3	Dimethylphthalate	10	U
208-96-8	Acenaphthylene	10	U
606-20-2	2,6-Dinitrotoluene	10	U
83-32-9	Acenaphthene	10	U
51-28-5	2,4-Dinitrophenol	25	U
100-02-7	4-Nitrophenol	25	U
121-14-2	2,4-Dinitrotoluene	10	U
84-66-2	Diethylphthalate	10	U
86-73-7	Fluorene	10	U
7005-72-3	4-Chlorophenyl-phenylether	10	U
534-52-1	4,6-Dinitro-2-methylphenol	25	U
86-30-6	N-Nitrosodiphenylamine	10	U
101-55-3	4-Bromophenyl-phenylether	10	U

BNLS696 S20

1D

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15385-001

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: _____ SDG No.: BNLS696

Matrix: (soil/water) WATER Lab Sample ID: 0210517-001B

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A\C21827.D

Level: (low/med) LOW Date Received: 10/16/02

% Moisture: Decanted: (Y/N) N Date Extracted: 10/21/02

Concentrated Extract Volume: 1000 (µL) Date Analyzed: 10/24/02

Injection Volume: (µL) Dilution Factor: 1.00

GPC Cleanup: (Y/N) N pH: ____ Extraction: (Type) CONT

CONCENTRATION UNITS:

CAS NO.	COMPOUND	(µg/L or µg/Kg) UG/L	Q
118-74-1	Hexachlorobenzene	10	U
87-86-5	Pentachlorophenol	25	U
85-01-8	Phenanthrene	10	U
120-12-7	Anthracene	10	U
84-74-2	Di-n-butyl phthalate	10	U
206-44-0	Fluoranthene	10	U
129-00-0	Pyrene	10	U
85-68-7	Butyl benzyl phthalate	10	U
56-55-3	Benzo(a)anthracene	10	U
91-94-1	3,3'-Dichlorobenzidine	20	U
218-01-9	Chrysene	10	U
117-81-7	Bis(2-ethylhexyl)phthalate	87	E
117-84-0	Di-n-octyl phthalate	10	U
205-99-2	Benzo(b)fluoranthene	10	U
207-08-9	Benzo(k)fluoranthene	10	U
50-32-8	Benzo(a)pyrene	10	U
193-39-5	Indeno(1,2,3-cd)pyrene	10	U
53-70-3	Dibenzo(a,h)anthracene	10	U
191-24-2	Benzo(g,h,i)perylene	10	U

Outfall 001A
Sampled 10-15-02
Grab Sample

BNLS696 S21

1C

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15385-001DL

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: _____ SDG No.: BNLS696

Matrix: (soil/water) WATER Lab Sample ID: 0210517-001B

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A\C21832.D

Level: (low/med) LOW Date Received: 10/16/02 Outfall 001

% Moisture: Decanted: (Y/N) N Date Extracted: 10/21/02 Sampled 10-15-02

Concentrated Extract Volume: 1000 (µL) Date Analyzed: 10/24/02 Grab Sample

Injection Volume: (µL) Dilution Factor: 2.00

GPC Cleanup: (Y/N) N pH: ____ Extraction: (Type) CONT

CAS NO.	COMPOUND	CONCENTRATION UNITS: (µg/L or µg/Kg) UG/L	Q
62-75-9	N-Nitrosodimethylamine	20	U
108-95-2	Phenol	20	U
111-44-4	Bis(2-chloroethyl)ether	20	U
95-57-8	2-Chlorophenol	20	U
541-73-1	1,3-Dichlorobenzene	20	U
106-46-7	1,4-Dichlorobenzene	20	U
95-50-1	1,2-Dichlorobenzene	20	U
108-60-1	2,2'-oxybis(1-Chloropropane)	20	U
621-64-7	N-Nitroso-di-n-propylamine	20	U
67-72-1	Hexachloroethane	20	U
98-95-3	Nitrobenzene	20	U
78-59-1	Isophorone	20	U
88-75-5	2-Nitrophenol	50	U
105-67-9	2,4-Dimethylphenol	20	U
111-91-1	Bis(2-chloroethoxy)methane	20	U
120-83-2	2,4-Dichlorophenol	20	U
120-82-1	1,2,4-Trichlorobenzene	20	U
91-20-3	Naphthalene	20	U
87-68-3	Hexachlorobutadiene	20	U
59-50-7	4-Chloro-3-methylphenol	20	U
77-47-4	Hexachlorocyclopentadiene	20	U
88-06-2	2,4,6-Trichlorophenol	20	U
91-58-7	2-Chloronaphthalene	20	U
131-11-3	Dimethylphthalate	20	U
208-96-8	Acenaphthylene	20	U
606-20-2	2,6-Dinitrotoluene	20	U
83-32-9	Acenaphthene	20	U
51-28-5	2,4-Dinitrophenol	50	U
100-02-7	4-Nitrophenol	50	U
121-14-2	2,4-Dinitrotoluene	20	U
84-66-2	Diethylphthalate	20	U
86-73-7	Fluorene	20	U
7005-72-3	4-Chlorophenyl-phenylether	20	U
534-52-1	4,6-Dinitro-2-methylphenol	50	U
86-30-6	N-Nitrosodiphenylamine	20	U
101-55-3	4-Bromophenyl-phenylether	20	U

BNLS696 S23

1D

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15385-001DL

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: _____ SDG No.: BNLS696

Matrix: (soil/water) WATER Lab Sample ID: 0210517-001B

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A\C21832.D

Level: (low/med) LOW Date Received: 10/16/02

% Moisture: Decanted: (Y/N) N Date Extracted: 10/21/02

Concentrated Extract Volume: 1000 (µL) Date Analyzed: 10/24/02

Injection Volume: (µL) Dilution Factor: 2.00

GPC Cleanup: (Y/N) N pH: ____ Extraction: (Type) CONT

CONCENTRATION UNITS:

CAS NO.	COMPOUND	(µg/L or µg/Kg) UG/L	Q
118-74-1	Hexachlorobenzene	20	U
87-86-5	Pentachlorophenol	50	U
85-01-8	Phenanthrene	20	U
120-12-7	Anthracene	20	U
84-74-2	Di-n-butyl phthalate	20	U
206-44-0	Fluoranthene	20	U
129-00-0	Pyrene	20	U
85-68-7	Butyl benzyl phthalate	20	U
56-55-3	Benzo(a)anthracene	20	U
91-94-1	3,3'-Dichlorobenzidine	40	U
218-01-9	Chrysene	20	U
117-81-7	Bis(2-ethylhexyl)phthalate	120	D
117-84-0	Di-n-octyl phthalate	20	U
205-99-2	Benzo(b)fluoranthene	20	U
207-08-9	Benzo(k)fluoranthene	20	U
50-32-8	Benzo(a)pyrene	20	U
193-39-5	Indeno(1,2,3-cd)pyrene	20	U
53-70-3	Dibenzo(a,h)anthracene	20	U
191-24-2	Benzo(g,h,i)perylene	20	U

outfall 004
Sampled 10-11-02
Grab Sample

BNLS696 S24

NYSDEC - ASP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15385-001

Lab Name: H2M_LABS,_INC._____ Contract: _____

Lab Code: 10478_ Case No.: _____ SAS No.: _____ SDG No.: BNLS696

Matrix (soil/water): WATER__ Lab Sample ID: 0210517-001_

Level (low/med): LOW____ Date Received: 10/16/02_

% Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	34.7	B		P
7440-36-0	Antimony	3.4	U		P
7440-38-2	Arsenic	1.8	U		P
7440-39-3	Barium	18.2	B	E	P
7440-41-7	Beryllium	0.10	U		P
7440-43-9	Cadmium	0.10	U		P
7440-70-2	Calcium	10200			P
7440-47-3	Chromium	0.50	U		P
7440-48-4	Cobalt	0.60	U		P
7440-50-8	Copper	116			P
7439-89-6	Iron	86.8	B	E	P
7439-92-1	Lead	5.5			P
7439-95-4	Magnesium	2470	B		P
7439-96-5	Manganese	13.0	B		P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	0.86	B		P
7440-09-7	Potassium	827	B		P
7782-49-2	Selenium	2.6	U		P
7440-22-4	Silver	0.80	U		P
7440-23-5	Sodium	14800			P
7440-28-0	Thallium	2.5	U		P
7440-62-2	Vanadium	0.60	U		P
7440-66-6	Zinc	18.2	B		P
	Cyanide				NR

Outfall 001A
Sampled 10-15-02
Grab Sample

olor Before: COLORLESS_ Clarity Before: CLEAR__ Texture: _____

olor After: COLORLESS_ Clarity After: CLEAR__ Artifacts: _____

omments:

DATE_REPORTED_10/28/02

BNLS696 S26

1A

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15353-006

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS685

Matrix: (soil/water) WATER Lab Sample ID: 0210156-006C

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F10591.D

Level: (low/med) LOW Date Received: 10/04/02

% Moisture: not dec. Date Analyzed: 10/10/02

GC Column: HP-VOCOL ID: .2 (mm) Dilution Factor: 1.00

Soil Extract Volume: _____ (µL) Soil Aliquot Volume _____ (µL)

Outfall 001B
Sampled 10-4-02
Grab Sample

CONCENTRATION UNITS:

CAS NO.	COMPOUND (µg/L or µg/Kg)	UG/L	Q
74-87-3	Chloromethane	1	U
75-01-4	Vinyl chloride	1	U
74-83-9	Bromomethane	1	U
75-00-3	Chloroethane	1	U
75-69-4	Trichlorofluoromethane	1	U
67-64-1	Acetone	7.3	
75-35-4	1,1-Dichloroethene	1	U
75-09-2	Methylene chloride	1	U
75-15-0	Carbon disulfide	1	U
156-60-5	trans-1,2-Dichloroethene	1	U
108-05-4	Vinyl acetate	1	U
75-34-3	1,1-Dichloroethane	1	U
78-93-3	2-Butanone	5	U
67-66-3	Chloroform	1	U
107-06-2	1,2-Dichloroethane	1	U
71-55-6	1,1,1-Trichloroethane	1	U
56-23-5	Carbon tetrachloride	1	U
71-43-2	Benzene	1	U
79-01-6	Trichloroethene	1	U
78-87-5	1,2-Dichloropropane	1	U
75-27-4	Bromodichloromethane	1	U
110-75-8	2-Chloroethylvinyl ether	1	U
10061-01-5	cis-1,3-Dichloropropene	1	U
10061-02-6	trans-1,3-Dichloropropene	1	U
79-00-5	1,1,2-Trichloroethane	1	U
100-41-4	Ethylbenzene	1	U
124-48-1	Dibromochloromethane	1	U
75-25-2	Bromoform	1	U
108-10-1	4-Methyl-2-pentanone	5	U
591-78-6	2-Hexanone	5	U
108-88-3	Toluene	1	U
127-18-4	Tetrachloroethene	1	U

BNLS685 S38

1B

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15353-006

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS685

Matrix: (soil/water) WATER Lab Sample ID: 0210156-006C

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F10591.D

Level: (low/med) LOW Date Received: 10/04/02

% Moisture: not dec. Date Analyzed: 10/10/02

GC Column: HP-VOCOL ID: .2 (mm) Dilution Factor: 1.00

Soil Extract Volume: _____ (µL) Soil Aliquot Volume _____ (µL)

CONCENTRATION UNITS:

CAS NO.	COMPOUND (µg/L or µg/Kg)	UG/L	Q
108-90-7	Chlorobenzene	1	U
1330-20-7	Xylene (total)	1	U
79-34-5	1,1,2,2-Tetrachloroethane	1	U
541-73-1	1,3-Dichlorobenzene	1	U
106-46-7	1,4-Dichlorobenzene	1	U
95-50-1	1,2-Dichlorobenzene	1	U

Outfall 001B
Sampled 10-4-02
Grab Sample

BNLS685 S39

1D

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15353-006

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: _____ SDG No.: BNLS685

Matrix: (soil/water) WATER Lab Sample ID: 0210156-006B

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A\C21700.D

Level: (low/med) LOW Date Received: 10/04/02 Outfall CC1B

% Moisture: Decanted: (Y/N) N Date Extracted: 10/08/02 Sampled 10-4-02

Concentrated Extract Volume: 1000 (µL) Date Analyzed: 10/10/02 Grab Sample

Injection Volume: (µL) Dilution Factor: 1.00

GPC Cleanup: (Y/N) N pH: ____ Extraction: (Type CONT

CAS NO.	COMPOUND	CONCENTRATION UNITS: (µg/L or µg/Kg) UG/L	Q
62-75-9	N-Nitrosodimethylamine	10	U
108-95-2	Phenol	10	U
111-44-4	Bis(2-chloroethyl)ether	10	U
95-57-8	2-Chlorophenol	10	U
541-73-1	1,3-Dichlorobenzene	10	U
106-46-7	1,4-Dichlorobenzene	10	U
95-50-1	1,2-Dichlorobenzene	10	U
108-60-1	2,2´-oxybis(1-Chloropropane)	10	U
621-64-7	N-Nitroso-di-n-propylamine	10	U
67-72-1	Hexachloroethane	10	U
98-95-3	Nitrobenzene	10	U
78-59-1	Isophorone	10	U
88-75-5	2-Nitrophenol	25	U
105-67-9	2,4-Dimethylphenol	10	U
111-91-1	Bis(2-chloroethoxy)methane	10	U
120-83-2	2,4-Dichlorophenol	10	U
120-82-1	1,2,4-Trichlorobenzene	10	U
91-20-3	Naphthalene	10	U
87-68-3	Hexachlorobutadiene	10	U
59-50-7	4-Chloro-3-methylphenol	10	U
77-47-4	Hexachlorocyclopentadiene	10	U
88-06-2	2,4,6-Trichlorophenol	10	U
91-58-7	2-Chloronaphthalene	10	U
131-11-3	Dimethylphthalate	10	U
208-96-8	Acenaphthylene	10	U
606-20-2	2,6-Dinitrotoluene	10	U
83-32-9	Acenaphthene	10	U
51-28-5	2,4-Dinitrophenol	25	U
100-02-7	4-Nitrophenol	25	U
121-14-2	2,4-Dinitrotoluene	10	U
84-66-2	Diethylphthalate	10	U
86-73-7	Fluorene	10	U
7005-72-3	4-Chlorophenyl-phenylether	10	U
534-52-1	4,6-Dinitro-2-methylphenol	25	U
86-30-6	N-Nitrosodiphenylamine	10	U
101-55-3	4-Bromophenyl-phenylether	10	U

BNLS685 S41

1D

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15353-006

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: _____ SDG No.: BNLS685

Matrix: (soil/water) WATER Lab Sample ID: 0210156-006B

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A\C21700.D

Level: (low/med) LOW Date Received: 10/04/02

% Moisture: Decanted: (Y/N) N Date Extracted: 10/08/02

Concentrated Extract Volume: 1000 (µL) Date Analyzed: 10/10/02

Injection Volume: (µL) Dilution Factor: 1.00

GPC Cleanup: (Y/N) N pH: ____ Extraction: (Type CONT

CAS NO.	COMPOUND	CONCENTRATION UNITS: (µg/L or µg/Kg) UG/L	Q
118-74-1	Hexachlorobenzene	10	U
87-86-5	Pentachlorophenol	25	U
85-01-8	Phenanthrene	10	U
120-12-7	Anthracene	10	U
84-74-2	Di-n-butyl phthalate	10	U
206-44-0	Fluoranthene	10	U
129-00-0	Pyrene	10	U
85-68-7	Butyl benzyl phthalate	10	U
56-55-3	Benzo(a)anthracene	10	U
91-94-1	3,3'-Dichlorobenzidine	20	U
218-01-9	Chrysene	10	U
117-81-7	Bis(2-ethylhexyl)phthalate	10	U
117-84-0	Di-n-octyl phthalate	10	U
205-99-2	Benzo(b)fluoranthene	10	U
207-08-9	Benzo(k)fluoranthene	10	U
50-32-8	Benzo(a)pyrene	10	U
193-39-5	Indeno(1,2,3-cd)pyrene	10	U
53-70-3	Dibenzo(a,h)anthracene	10	U
191-24-2	Benzo(g,h,i)perylene	10	U

Outfall 001B
Sampled 10-4-02
Grab Sample

BNLS685 S42

NYSDEC - ASP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15353-006

Lab Name: H2M_LABS,_INC._____ Contract: _____

Lab Code: 10478_ Case No.: _____ SAS No.: _____ SDG No.: BNLS685

Matrix (soil/water): WATER__ Lab Sample ID: 0210156-006_

Level (low/med): LOW____ Date Received: 10/04/02_

% Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	55.6	B		P
7440-36-0	Antimony	3.4	U		P
7440-38-2	Arsenic	1.8	U		P
7440-39-3	Barium	2.3	B		P
7440-41-7	Beryllium	0.10	U		P
7440-43-9	Cadmium	0.10	U		P
7440-70-2	Calcium	652	B		P
7440-47-3	Chromium	32.0			P
7440-48-4	Cobalt	0.60	U		P
7440-50-8	Copper	69.7			P
7439-89-6	Iron	647			P
7439-92-1	Lead	4.2			P
7439-95-4	Magnesium	219	B		P
7439-96-5	Manganese	23.7			P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	14.3	B		P
7440-09-7	Potassium	179	B		P
7782-49-2	Selenium	2.6	U		P
7440-22-4	Silver	0.80	U		P
7440-23-5	Sodium	35100			P
7440-28-0	Thallium	2.5	U		P
7440-62-2	Vanadium	0.60	U		P
7440-66-6	Zinc	24.1			P
	Cyanide				NR

outfall 001B
Sampled 10-4-02
Grab Sample

Color Before: LT_YELLOW_ Clarity Before: CLEAR__ Texture: _____

Color After: LT_YELLOW_ Clarity After: CLEAR__ Artifacts: _____

Comments:

DATE_REPORTED_10/11/02

BNLS685 S44

NYSDEC - ASP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15709-001

La' Name: H2M_LABS,_INC._____ Contract: _____

La. Code: 10478_ Case No.: _____ SAS No.: _____ SDG No.: BNLS700

Matrix (soil/water): WATER__ Lab Sample ID: 0210883-001_

Level (low/med): LOW____ Date Received: 10/28/02_

% Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic				NR
7440-39-3	Barium				NR
7440-41-7	Beryllium				NR
7440-43-9	Cadmium				NR
7440-70-2	Calcium				NR
7440-47-3	Chromium				NR
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead				NR
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury				NR
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium				NR
7440-22-4	Silver	1240		*	P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide	10.0	U		CA

Surface COID
Sampled 10-28-02
Grab Sample
Rm-1-87

Color Before: YELLOW____ Clarity Before: CLEAR__ Texture: _____

olor After: YELLOW____ Clarity After: CLEAR__ Artifacts: _____

omments:

DATE_REPORTED_12/2/02

FORM I - IN 10/95

BNLS700 S 18

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. : 0210883-001

Sample Information...
Type : Aqueous

Origin:

Client ID. : 15709-001

Collected 10/28/2002 10:34:00 AM
Received 10/28/2002 3:00:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Cyanide	< 10	µg/L	E335.2	11/4/2002 4:18:00 PM
Nitrogen, Total	1100	mg/L	M4500-N C	11/7/2002
Nitrogen, Nitrate-Nitrite	238	mg/L	E353.2	11/4/2002 3:34:48 PM
Phenolics, Total Recoverable	< 5.0	µg/L	E420.1	11/4/2002 1:15:00 PM
Nitrogen, Kjeldahl, Total	860	mg/L	E351.2	11/5/2002 11:31:53 AM

Outfall 001D
Sampled 10-28-02
Grab Sample
Rm 1-87

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

Joann M. Slavin
Laboratory Manager

Date Reported : 11/11/2002

BNLS700 S 19

NYSDEC - ASP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15709-002

Lab Name: H2M_LABS,_INC._____ Contract: _____

Lab Code: 10478_ Case No.: _____ SAS No.: _____ SDG No.: BNLS700

Matrix (soil/water): WATER__ Lab Sample ID: 0210883-002_

Level (low/med): LOW____ Date Received: 10/28/02_

% Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic				NR
7440-39-3	Barium				NR
7440-41-7	Beryllium				NR
7440-43-9	Cadmium				NR
7440-70-2	Calcium				NR
7440-47-3	Chromium				NR
7440-48-4	Cobalt				NR
7440-50-8	Copper				NR
7439-89-6	Iron				NR
7439-92-1	Lead				NR
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury				NR
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium				NR
7440-22-4	Silver	49.9		*	P
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide	10.0	U		CA

Surface Soil
Sampled 10-28-02
Grab Sample
Rm. 1-23B

Color Before: YELLOW___ Clarity Before: CLEAR__ Texture: _____

Color After: YELLOW___ Clarity After: CLEAR__ Artifacts: _____

Comments:

DATE_REPORTED_12/2/02

FORM I - IN 10/95

BNLS700 S 20

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. : 0210883-002

Client ID. : 15709-002

Sample Information...
Type : Aqueous

Origin:

Collected 10/28/2002 10:10:00 AM
Received 10/28/2002 3:00:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Cyanide	< 10	µg/L	E335.2	11/4/2002 4:15:00 PM
Nitrogen, Total	3.4	mg/L	M4500-N C	11/7/2002
Nitrogen, Nitrate-Nitrite	0.24	mg/L	E353.2	11/4/2002 3:35:33 PM
Phenolics, Total Recoverable	< 5.0	µg/L	E420.1	11/4/2002 1:20:00 PM
Nitrogen, Kjeldahl, Total	3.19	mg/L	E351.2	11/5/2002 12:26:54 PM

Outfall 001D
Sampled 10-28-02
Grab Sample
Rm 1-93B

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

Joann M. Slavin
Laboratory Manager

Date Reported : 11/11/2002

BNLS700 S 21

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. : 0212131-003

Client ID. : 15787-003

Sample Information...
Type : Aqueous

Origin:

Collected 12/3/2002 10:10:00 AM
Received 12/4/2002 3:35:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	12/9/2002 8:30:00 AM

Outfall 002
Sampled 12-3-02
Grab Sample

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

Date Reported : 12/17/2002

Joann M. Slavin
Laboratory Manager

BNLS711 S15

1A

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15353-003

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS685

Matrix: (soil/water) WATER Lab Sample ID: 0210156-003C

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F10590.D

Level: (low/med) LOW Date Received: 10/04/02

% Moisture: not dec. Date Analyzed: 10/10/02

GC Column: HP-VOCOL ID: .2 (mm) Dilution Factor: 1.00

Soil Extract Volume: _____ (µL) Soil Aliquot Volume _____ (µL)

Outfall 002
Sampled 10-4-02
Grab Sample

CONCENTRATION UNITS:

CAS NO.	COMPOUND (µg/L or µg/Kg)	UG/L	Q
74-87-3	Chloromethane	1	U
75-01-4	Vinyl chloride	1	U
74-83-9	Bromomethane	1	U
75-00-3	Chloroethane	1	U
75-69-4	Trichlorofluoromethane	1	U
67-64-1	Acetone	6.2	
75-35-4	1,1-Dichloroethene	1	U
75-09-2	Methylene chloride	1	U
75-15-0	Carbon disulfide	1	U
156-60-5	trans-1,2-Dichloroethene	1	U
108-05-4	Vinyl acetate	1	U
75-34-3	1,1-Dichloroethane	1	U
78-93-3	2-Butanone	5	U
67-66-3	Chloroform	1	U
107-06-2	1,2-Dichloroethane	1	U
71-55-6	1,1,1-Trichloroethane	1	U
56-23-5	Carbon tetrachloride	1	U
71-43-2	Benzene	1	U
79-01-6	Trichloroethene	1	U
78-87-5	1,2-Dichloropropane	1	U
75-27-4	Bromodichloromethane	1	U
110-75-8	2-Chloroethylvinyl ether	1	U
10061-01-5	cis-1,3-Dichloropropene	1	U
10061-02-6	trans-1,3-Dichloropropene	1	U
79-00-5	1,1,2-Trichloroethane	1	U
100-41-4	Ethylbenzene	1	U
124-48-1	Dibromochloromethane	1	U
75-25-2	Bromoform	1.4	
108-10-1	4-Methyl-2-pentanone	5	U
591-78-6	2-Hexanone	5	U
108-88-3	Toluene	1	U
127-18-4	Tetrachloroethene	1	U

BNLS685 S30

1B

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15353-003

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS685

Matrix: (soil/water) WATER Lab Sample ID: 0210156-003C

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F10590.D

Level: (low/med) LOW Date Received: 10/04/02

% Moisture: not dec. Date Analyzed: 10/10/02

GC Column: HP-VOCOL ID: .2 (mm) Dilution Factor: 1.00

Soil Extract Volume: _____ (µL) Soil Aliquot Volume _____ (µL)

CONCENTRATION UNITS:

CAS NO.	COMPOUND (µg/L or µg/Kg)	UG/L	Q
108-90-7	Chlorobenzene	1	U
1330-20-7	Xylene (total)	1	U
79-34-5	1,1,2,2-Tetrachloroethane	1	U
541-73-1	1,3-Dichlorobenzene	1	U
106-46-7	1,4-Dichlorobenzene	1	U
95-50-1	1,2-Dichlorobenzene	1	U

Outfall 002
Sampled 10-4-02
Grab Sample

BNLS685 S31

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. : 0212404-004

Client ID. : 15801-004

Sample Information...
Type : Aqueous

Origin:

Collected 12/12/2002 9:34:00 AM
Received 12/13/2002 2:30:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	12/18/2002 8:15:00 AM

outfall 002B
Sampled 12-12-02
Grab Sample

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

Date Reported : 1/2/2003

Joann M. Slavin
Laboratory Manager

BNLS712 S 25

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. : **0212131-004**

Client ID. : 15787-004

Sample Information...
Type : Aqueous

Origin:

Collected 12/3/2002 10:41:00 AM
Received 12/4/2002 3:35:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	12/9/2002 8:35:00 AM

Outfall 005
Sampled 12-3-02
Grab Sample

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

Date Reported : 12/17/2002

Joann M. Slavin
Laboratory Manager

BNLS711 S16

NYSDEC - ASP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15353-005

Lab Name: H2M_LABS,_INC._____ Contract: _____

Lab Code: 10478_ Case No.: _____ SAS No.: _____ SDG No.: BNLS685

Matrix (soil/water): WATER__ Lab Sample ID: 0210156-005_

Level (low/med): LOW____ Date Received: 10/04/02_

% Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum				NR
7440-36-0	Antimony				NR
7440-38-2	Arsenic				NR
7440-39-3	Barium				NR
7440-41-7	Beryllium				NR
7440-43-9	Cadmium				NR
7440-70-2	Calcium				NR
7440-47-3	Chromium				NR
7440-48-4	Cobalt				NR
7440-50-8	Copper	3.6	B		P
7439-89-6	Iron				NR
7439-92-1	Lead				NR
7439-95-4	Magnesium				NR
7439-96-5	Manganese				NR
7439-97-6	Mercury				NR
7440-02-0	Nickel				NR
7440-09-7	Potassium				NR
7782-49-2	Selenium				NR
7440-22-4	Silver				NR
7440-23-5	Sodium				NR
7440-28-0	Thallium				NR
7440-62-2	Vanadium				NR
7440-66-6	Zinc				NR
	Cyanide				NR

Outfall 005
Sampled 10-4-02
Grab Sample

Color Before: LT_YELLOW_ Clarity Before: CLEAR__ Texture: _____

Color After: LT_YELLOW_ Clarity After: CLEAR__ Artifacts: _____

Comments:

DATE_REPORTED_10/11/02

FORM I - IN 10/95

BNLS685 S36

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. : 0212131-001

Client ID. : 15787-001

Sample Information...
Type : Aqueous

Origin:

Collected 12/3/2002 10:25:00 AM
Received 12/4/2002 3:35:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	12/9/2002 8:20:00 AM

Outfall 004A
Sampled 12-3-02
Grab Sample

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

Date Reported : 12/17/2002

Joann M. Slavin
Laboratory Manager

BNLS711 S13

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. : **0212131-002**

Client ID. : **15787-002**

Sample Information...
Type : Aqueous

Origin:

Collected 12/3/2002 10:18:00 AM
Received 12/4/2002 3:35:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	12/9/2002 8:25:00 AM

outfall 006B
Sampled 12-3-02
Grab Sample

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

Date Reported : 12/17/2002

Joann M. Slavin
Laboratory Manager

BNLS711 S14

1A

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15801-003

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS712

Matrix: (soil/water) WATER Lab Sample ID: 0212404-003B

Sample wt/vol: 5 (g/mL) ML Lab File ID: v\F11629.D

Level: (low/med) LOW Date Received: 12/13/02

% Moisture: not dec. Date Analyzed: 12/23/02

GC Column: HP-VOCOL ID: .2 (mm) Dilution Factor: 1.00

Soil Extract Volume: _____ (µL) Soil Aliquot Volume _____ (µL)

CONCENTRATION UNITS:

CAS NO.	COMPOUND	(µg/L or µg/Kg) UG/L	Q
74-87-3	Chloromethane	1	U
75-01-4	Vinyl chloride	1	U
74-83-9	Bromomethane	1	U
75-00-3	Chloroethane	1	U
75-69-4	Trichlorofluoromethane	1	U
67-64-1	Acetone	5	U
75-35-4	1,1-Dichloroethene	1	U
75-09-2	Methylene chloride	1	U
75-15-0	Carbon disulfide	1	U
156-60-5	trans-1,2-Dichloroethene	1	U
156-59-2	cis-1,2-Dichloroethene	1	U
108-05-4	Vinyl acetate	1	U
75-34-3	1,1-Dichloroethane	1	U
540-59-0	1,2-Dichloroethene (total)	1	U
78-93-3	2-Butanone	5	U
67-66-3	Chloroform	1	U
107-06-2	1,2-Dichloroethane	1	U
71-55-6	1,1,1-Trichloroethane	1	U
56-23-5	Carbon tetrachloride	1	U
71-43-2	Benzene	1	U
79-01-6	Trichloroethene	1	U
78-87-5	1,2-Dichloropropane	1	U
75-27-4	Bromodichloromethane	1	U
110-75-8	2-Chloroethylvinyl ether	1	U
10061-01-5	cis-1,3-Dichloropropene	1	U
10061-02-6	trans-1,3-Dichloropropene	1	U
79-00-5	1,1,2-Trichloroethane	1	U
100-41-4	Ethylbenzene	1	U
124-48-1	Dibromochloromethane	1	U
75-25-2	Bromoform	1	U
108-10-1	4-Methyl-2-pentanone	5	U
591-78-6	2-Hexanone	5	U

outfall 008
Sampled 12-12-02
Grab Sample

1B

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15801-003

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS712

Matrix: (soil/water) WATER Lab Sample ID: 0212404-003B

Sample wt/vol: 5 (g/mL) ML Lab File ID: v\F11629.D

Level: (low/med) LOW Date Received: 12/13/02

% Moisture: not dec. Date Analyzed: 12/23/02

GC Column: HP-VOCOL ID: .2 (mm) Dilution Factor: 1.00

Soil Extract Volume: _____ (µL) Soil Aliquot Volume _____ (µL)

CONCENTRATION UNITS:

CAS NO.	COMPOUND (µg/L or µg/Kg)	UG/L	Q
108-88-3	Toluene	1	U
127-18-4	Tetrachloroethene	1	U
108-90-7	Chlorobenzene	1	U
1330-20-7	Xylene (total)	1	U
79-34-5	1,1,2,2-Tetrachloroethane	1	U
541-73-1	1,3-Dichlorobenzene	1	U
106-46-7	1,4-Dichlorobenzene	1	U
95-50-1	1,2-Dichlorobenzene	1	U

outfall 008
Sampled 12-12-02
Grab Sample

BNLS712 S 22

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. : 0212404-003

Client ID. : 15801-003

Sample Information...
Type : Aqueous

Origin:

Collected 12/12/2002 9:40:00 AM
Received 12/13/2002 2:30:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	12/18/2002 8:10:00 AM

outfall 008
Sampled 12-12-02
Grab Sample

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

Date Reported : 1/2/2003

Joann M. Slavin
Laboratory Manager

BNLS712 S 24

NYSDEC - ASP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15373-001

Lab Name: H2M_LABS,_INC._____ Contract: _____

Lab Code: 10478_ Case No.: _____ SAS No.: _____ SDG No.: BNLS694

Matrix (soil/water): WATER__ Lab Sample ID: 0210387-001_

Level (low/med): LOW____ Date Received: 10/11/02_

Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	211			P
7440-36-0	Antimony	3.4	U		P
7440-38-2	Arsenic	1.8	U		P
7440-39-3	Barium	3.8	B		P
7440-41-7	Beryllium	0.10	U		P
7440-43-9	Cadmium	0.80	B		P
7440-70-2	Calcium	3050	B		P
7440-47-3	Chromium	0.99	B		P
7440-48-4	Cobalt	0.60	U		P
7440-50-8	Copper	6.9	B		P
7439-89-6	Iron	303			P
7439-92-1	Lead	4.4			P
7439-95-4	Magnesium	760	B		P
7439-96-5	Manganese	5.6	B		P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	1.4	B		P
7440-09-7	Potassium	334	B		P
7782-49-2	Selenium	2.6	U		P
7440-22-4	Silver	0.80	U		P
7440-23-5	Sodium	949	B		P
7440-28-0	Thallium	2.5	U		P
7440-62-2	Vanadium	2.4	B		P
7440-66-6	Zinc	34.8			P
	Cyanide				NR

Outfall 008 11-15-02
Sampled 10-11-02
Grab Sample
Unfiltered

Color Before: COLORLESS_ Clarity Before: CLEAR__ Texture: _____

Color After: COLORLESS_ Clarity After: CLEAR__ Artifacts: _____

Comments:

DATE_REPORTED_10/28/02

FORM I - IN 10/95

BNLS694 S27

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. : 0212404-001

Client ID. : 15801-001

Sample Information...
Type : Aqueous

Origin:

Collected 12/12/2002 9:04:00 AM
Received 12/13/2002 2:30:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	12/18/2002 8:00:00 AM

Outfall ~~SHE~~ 008 MS 1-17-03
Sampled 12-12-02
Grab Sample

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

Date Reported : 1/2/2003

Joann M. Slavin
Laboratory Manager

BNLS712 S 19

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. : **0212404-002**

Client ID. : 15801-002

Sample Information...
Type : Aqueous

Origin:

Collected 12/12/2002
Received 12/13/2002 2:30:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	12/18/2002 8:05:00 AM

Outfall 01D
Sampled 12-12-02
Grab Sample

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

Date Reported : 1/2/2003

Joann M. Slavin
Laboratory Manager

BNLS712 S 20

NYSDEC - ASP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO.

15733-002

L Name: H2M_LABS,_INC._____ Contract: _____

Lab Code: 10478_ Case No.: _____ SAS No.: _____ SDG No.: BNLS704

Matrix (soil/water): WATER__ Lab Sample ID: 0211190-002_

Level (low/med): LOW____ Date Received: 11/06/02_

% Solids: _____

Concentration Units (ug/L or mg/kg dry weight): UG/L_

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	1790			P
7440-36-0	Antimony	3.1	U		P
7440-38-2	Arsenic	4.5	U		P
7440-39-3	Barium	10.5	B		P
7440-41-7	Beryllium	0.40	U		P
7440-43-9	Cadmium	0.50	U		P
7440-70-2	Calcium	3070	B		P
7440-47-3	Chromium	2.4	B		P
7440-48-4	Cobalt	1.0	U		P
7440-50-8	Copper	6.1	B		P
7439-89-6	Iron	1620		*N	P
7439-92-1	Lead	9.9			P
7439-95-4	Magnesium	580	B		P
7439-96-5	Manganese	16.1			P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	7.5	B		P
7440-09-7	Potassium	446	B		P
7782-49-2	Selenium	2.4	U		P
7440-22-4	Silver	1.0	U		P
7440-23-5	Sodium	1190	B		P
7440-28-0	Thallium	4.2	U		P
7440-62-2	Vanadium	17.4	B		P
7440-66-6	Zinc	14.4	B		P
	Cyanide				NR

Outfall 010
Sampled 11-6-02
Grab Sample
Unfiltered
(Sampled after geotextile installed to reduce impact of contaminated sediments on outfall discharge

Color Before: COLORLESS_ Clarity Before: CLEAR__ Texture: _____

Color After: COLORLESS_ Clarity After: CLEAR__ Artifacts: _____

Comments:

DATE_REPORTED_12/5/02_____

FORM I - IN 10/95

BNLS704 S28

ATTACHMENT V

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR DECEMBER 2002

ANALYTICAL RESULTS FROM CHEMTEX INC.

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

FROM OUTFALLS 001F, 002, 002B, 005, 006A, AND 006B

Client: **Brookhaven National Laboratory**
Safety & Environmental
Protection Division
Bldg. 535A
Upton, NY 11973-5000
Attn: **Mr. B. Lee**

Report Date: 10/30/02

RESULTS OF ANALYSIS

PROJECT: ES SPDES

Outfall 001F
Sampled 10-4-02
Grab Sample

ATTACHMENT 1

COC_num	Site-ID	Samp_ type	Samp-ID	Samp_ date	Samp_ time	Rec_date	SDG	Lab_file-ID	Samp_ depth	Flow_rate	Notes
15354	005-902 CT	W	Surface Water	10/04/02	1010	10/09/02		P2100195	0		

Cas_num	Name	Concen	Error	Det_limit	Units	Anal_date	Method	Lab_batch-ID	Ext_ date	Dilution	Lab_qual	Lab_ QCnotes	Rev_qual	Rev_conc	Rev_ QCnotes
	Polypropylene Glycol Monobutyl Ether(PPGMBE)	< 0.50		0.50	mg/l	10/17/02	Sop # O 081-045	P2100199	10/17/02	1000ml ▼ 1 ml					

Required fields are shaded.
Required field under some circumstances (see Att. 2)

Client: **Brookhaven National Laboratory**
Safety & Environmental
Protection Division
Bldg. 535A
Upton, NY 11973-5000
Attn: **Mr. B. Lee**

Report Date: 10/30/02

RESULTS OF ANALYSIS

PROJECT: ES SPDES

ATTACHMENT 1

Outfall 002
Sampled 10-4-02
Grab Sample

COC_num	Site-ID	Samp_ type	Samp-ID	Samp_ date	Samp_ time	Rec_date	SDG	Lab_file-ID	Samp_ depth	Flow_rate	Notes
15354	004-HN	W	Surface Water	10/04/02	1030	10/09/02		P2100195	0		

Cas_num	Name	Concen	Error	Det_limit	Units	Anal_date	Method	Lab_batch-ID	Ext_ date	Dilution	Lab_qual	Lab_ QCnotes	Rev_qual	Rev_conc	Rev_ QCnotes
	H E D P as Organic Phosphorus	0.10		0.05	mg/l	10/09/02	EPA 365.3	P2100198							
	Inorganic Phosphorus	0.13		0.05	mg/l	10/09/02	EPA 365.3								
	Total Phosphorus	0.23		0.05	mg/l	10/09/02	EPA 365.3								
	Tolyltriazole(TTA)	< 0.005		0.005	mg/l	10/15/02	Sop # O121-049								

Required fields are shaded.
Required field under some circumstances (see Att. 2)

Client: ***Brookhaven National Laboratory***
Safety & Environmental
Protection Division
Bldg. 535A
Upton, NY 11973-5000
Attn: ***Mr. B. Lee***

Report Date: 10/30/02

RESULTS OF ANALYSIS

PROJECT: ES SPDES

ATTACHMENT 1

outfall 005
Sampled 10-4-02
Grab Sample

COC_num	Site-ID	Samp_ type	Samp-ID	Samp_ date	Samp _ time	Rec_date	SDG	Lab_file-ID	Samp_ depth	Flow_rate	Notes
15354	001-HS	W	Surface Water	10/04/02	1010	10/09/02		P2100195	0		

Cas_num	Name	Concen	Error	Det_limit	Units	Anal_date	Method	Lab_batch-ID	Ext_ date	Dilution	Lab_qual	Lab_ QCnotes	Rev_qual	Rev_conc	Rev_ QCnotes
	H E D P as Organic Phosphorus	< 0.05		0.05	mg/l	10/09/02	EPA 365.3	P2100195							
	Inorganic Phosphorus	< 0.05		0.05	mg/l	10/09/02	EPA 365.3								
	Total Phosphorus	< 0.05		0.05	mg/l	10/09/02	EPA 365.3								
	Tolyltriazole(TTA)	< 0.005		0.005	mg/l	10/15/02	Sop # O121-049								

Required fields are shaded.
Required field under some circumstances (see Att. 2)

Client: **Brookhaven National Laboratory**
Safety & Environmental
Protection Division
Bldg. 535A
Upton, NY 11973-5000
Attn: **Mr. B. Lee**

Report Date: 10/30/02

RESULTS OF ANALYSIS

PROJECT: ES SPDES

ATTACHMENT 1

Outfall 002A
Sampled 10-4-02
Grab Sample

COC_num	Site-ID	Samp_ type	Samp-ID	Samp_ date	Samp_ time	Rec_date	SDG	Lab_file-ID	Samp_ depth	Flow_rate	Notes
15354	002-HT-w	W	Surface Water	10/04/02	1057	10/09/02		P2100195	0		

Cas_num	Name	Concen	Error	Det_limit	Units	Anal_date	Method	Lab_batch-ID	Ext_ date	Dilution	Lab_qual	Lab_ QCnotes	Rev_qual	Rev_conc	Rev_ QCnotes
	H E D P as Organic Phosphorus	0.03		0.05	mg/l	10/09/02	EPA 365.3	P2100196							
	Inorganic Phosphorus	0.10		0.05	mg/l	10/09/02	EPA 365.3								
	Total Phosphorus	0.12		0.05	mg/l	10/09/02	EPA 365.3								
	Tolyltriazole(TTA)	< 0.005		0.005	mg/l	10/15/02	Sop # O121-049								

Required fields are shaded.
Required field under some circumstances (see Att. 2)

Client: **Brookhaven National Laboratory**
Safety & Environmental
Protection Division
Bldg. 535A
Upton, NY 11973-5000
Attn: **Mr. B. Lee**

Report Date: 10/30/02

RESULTS OF ANALYSIS

PROJECT: ES SPDES

ATTACHMENT 1

outfall 006B
Sampled 10-4-02
Grab Sample

COC_num	Site-ID	Samp_ type	Samp-ID	Samp_ date	Samp_ time	Rec_date	SDG	Lab_file-ID	Samp_ depth	Flow_rate	Notes
15354	003-HT-e	W	Surface Water	10/04/02	1049	10/09/02		P2100195	0		

Cas_num	Name	Concen	Error	Det_limit	Units	Anal_date	Method	Lab_batch-ID	Ext_ Date	Dilution	Lab_qual	Lab_ QCnotes	Rev_qual	Rev_conc	Rev_ QCnotes
	H E D P as Organic Phosphorus	< 0.05		0.05	mg/l	10/09/02	EPA 365.3	P2100197							
	Inorganic Phosphorus	< 0.05		0.05	mg/l	10/09/02	EPA 365.3								
	Total Phosphorus	< 0.05		0.05	mg/l	10/09/02	EPA 365.3								
	Tolyltriazole(TTA)	< 0.005		0.005	mg/l	10/15/02	Sop # O121-049								

Required fields are shaded.
Required field under some circumstances (see Att. 2)