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

February 14, 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 January 2003

Included as Attachment I, please find the DMR for the month of January 2003. 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.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. 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 January 2003.

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

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 February 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 January 2003.

Attachment II: Analytical Results from H2M Labs for samples collected on 1/6/03 and 1/9/03 from Outfall 001.

Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 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	B. Style	w/o attachments
	D. Van Duyne	w/attachments	E. Zimmerman	w/o attachments

EC62ER.03

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for January 2003
Discharge Monitoring Report Notes:

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

2. The flow monitoring equipment at Outfall 002B malfunctioned in early January and had to be removed from service for repair on January 23, 2003. No other monitoring equipment, such as water supply meters, was available to estimate the monthly flow. Therefore, the amount of actual flow recorded for December 2002 was entered as the estimated flow for January because there wasn't a change in process during this time frame.

3. There was no discharge from Outfalls 008 and 010 during this reporting period.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JANUARY 2003

FOR OUTFALLS NO. 001 – 010

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

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

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

NY0005835 Permit Number	001 M Discharge Number	MAJOR (SUBR 01) F - FINAL

Monitoring Period From YR	MO	DY	To YR	MO	DY
03	01	01	03	01	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
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	46	(15) DEG.F	0	01/01	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX			DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	< 2	< 2	(19) MG/L	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX			ONCE/MONTH	COMP24
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.1	******	6.9	(12) SU	0	01/01	GR
	PERMIT REQUIREMENT	******	******	**** ****	5.8 MINIMUM	******	9.0 MAXIMUM			DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	< 4	< 4	(19) MG/L	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX			ONCE/MONTH	COMP24
SOLIDS, SETTLEABLE 00545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.0	(25) ML/L	0	01/01	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX			DAILY	GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	7.6	(19) MG/L	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX			ONCE/MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.1	(19) MG/L	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	2 DAILY MX			ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

Typed or Printed

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

Signature of Principal Executive Officer or Authorized Agent

Telephone 631-344-3424

Date Signed

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

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

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

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

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

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

NY0005835 Permit Number	001 M Discharge Number	MAJOR (SUBR 01) F - FINAL

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

PROCESS SANIT & STORMWTR RNOFF
*** 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
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	1.2	(19)	0	02/30	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	02/30	GR
	PERMIT REQUIREMENT	******	******	**** ****		******	100 DAILY MX	UG/L		TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.069	(19)	0	02/30	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	******	******		******	******	0.24	(19)	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB) See Note 1 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.0023	(19)	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI) See Note 1 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.0048	(19)	0	02/30	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	******	******		******	******	0.0009	(19)	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

Typed or Printed

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

Signature of Principal Executive Officer or Authorized Agent

Telephone 631-344-3424

Date Signed

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

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

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

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

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

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

NY0005835 Permit Number	001 M Discharge Number

MAJOR
(SUBR 01)
F - FINAL

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

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			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.084	(19)	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	MG/L		ONCE/MONTH	COMP24
TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	02/30	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
METHYLENE CHLORIDE 34423 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	02/30	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	02/30	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.30	0.38	(03)	******	******	******		0	99/99	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.0001	(19)	0	02/30	24
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.0008 DAILY MX	MG/L		ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	< 2	< 2	(13)	0	02/30	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	200 DAILY AV	400 DAILY MX	#/ 100ML		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

Typed or Printed

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Signature of Principal Executive Officer or Authorized Agent

Telephone 631-344-3424

Date Signed

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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	001 M Discharge Number

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

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT & STORMWTR RNOFF
*** 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
2-BUTANONE	SAMPLE MEASUREMENT	******	******		******	******	< 5	(28)	0	02/30	GR
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	50 DAILY MX	UG/L		TWICE/MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		> 94	******	******	(23)	0	01/30	CA
81010 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO AV MN	******	******	PERCENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		> 93	******	******	(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.

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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 B Discharge Number

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

MAJOR
(SUBR 01)
F - FINAL
RF (1004) & BRAHMS (1002) BLOWDN
*** 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
PH	SAMPLE MEASUREMENT	******	******	(07)	8.0	******	8.6	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	GPD	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	******	E0.0063	(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

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 ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCARGE SHOULD BE TO NEW BASIN.

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

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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	002 M Discharge Number

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

MAJOR
(SUBR 01)
F - FINAL
AGS NON-C COOLNG,PRCP,ETC (HN)
*** 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
PH	SAMPLE MEASUREMENT	******	******		7.3	******	8.4	(12)	0	05/30	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	05/30	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. SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

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

NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
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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 YR	MO	DY	To YR	MO	DY
03	01	01	03	01	31

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	******	******		7.4	******	7.9	(12)	0	05/30	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	SAMPLE MEASUREMENT	0.32	******	(03)	******	******	******		0	05/30	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.

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	DY	To YR	MO	DY
03	01	01	03	01	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	******	240000	(07)	******	******	******		0	122/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******			ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		6.8	******	6.8	(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)

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	008 M Discharge Number

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

STORMWTR RUNOFF WAREHOUSE (HW)
*** No Discharge [X] ****

Note: Read Instructions before completing this form

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Group Manager

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	010 M Discharge Number	MAJOR (SUBR 01) F - FINAL

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

STORMWTR R O CENTRAL STEAM (H)
*** No Discharge [X] ****

Note: Read Instructions before completing this form

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

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

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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	MAJOR (SUBR 01) F - FINAL

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

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	******	******		7.3	******	7.9	(12)	0	05/30	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 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.041	******	(03)	******	******	******		0	05/30	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

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 M Discharge Number	MAJOR (SUBR 01) F - FINAL

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

COOLING TOWR FROM 919 ETC(HT2)

*** No Discharge ☐ ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.4	******	7.9	(12)	0	05/30	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	0.28	******	(03)	******	******	******		0	05/30	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.

ATTACHMENT II

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JANUARY 2003

ANALYTICAL RESULTS FROM H2M LABS, INC.

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

1/6/03 AND 1/9/03

FROM OUTFALL 001

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

15839-001

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS714

Matrix (soil/water): WATER Lab Sample ID: 0301087-001

Level (low/med): LOW Date Received: 1/6/2003

% Solids: 0.0

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

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	60.2	B	N*	P
7440-36-0	Antimony	3.4	U		P
7440-38-2	Arsenic	1.8	U		P
7440-39-3	Barium	15.3	B		P
7440-41-7	Beryllium	0.22	B		P
7440-43-9	Cadmium	0.32	B		P
7440-70-2	Calcium	12000			P
7440-47-3	Chromium	1.2	B		P
7440-48-4	Cobalt	0.60	U		P
7440-50-8	Copper	37.8			P
7439-89-6	Iron	184			P
7439-92-1	Lead	1.2	B		P
7439-95-4	Magnesium	3380	B		P
7439-96-5	Manganese	3.0	B		P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	3.8	B		P
7440-09-7	Potassium	4120	B		P
7782-49-2	Selenium	2.6	U		P
7440-22-4	Silver	0.85	B		P
7440-23-5	Sodium	30800			P
7440-28-0	Thallium	2.6	B		P
7440-62-2	Vanadium	2.3	B		P
7440-66-6	Zinc	46.3			P

Outfall 001
Sampled 1-6-03
24 Hr. Composite

Color Before: COLORLESS Clarity Before: CLEAR Texture: _____

Color After: COLORLESS Clarity After: CLEAR Artifacts: _____

Comments:

BNLS714 S 38

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

15839-002

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS714

Matrix (soil/water): WATER Lab Sample ID: 0301087-002

Level (low/med): LOW Date Received: 1/6/2003

% Solids: 0.0

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

CAS No.	Analyte	Concentration	C	Q	M
57-12-5	Cyanide	10	U		CA

Outfall 001
Sampled 1-6-03
Grab Sample

Comments:

FORM I - IN ILM04.1

BNLS714 S 42

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

15846-001

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS714

Matrix (soil/water): WATER Lab Sample ID: 0301204-001

Level (low/med): LOW Date Received: 1/9/2003

% Solids: 0.0

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

CAS No.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	539		N*	P
7440-36-0	Antimony	3.4	U		P
7440-38-2	Arsenic	1.8	U		P
7440-39-3	Barium	22.1	B		P
7440-41-7	Beryllium	0.10	U		P
7440-43-9	Cadmium	0.38	B		P
7440-70-2	Calcium	16100			P
7440-47-3	Chromium	0.98	B		P
7440-48-4	Cobalt	0.60	U		P
7440-50-8	Copper	69.2			P
7439-89-6	Iron	238			P
7439-92-1	Lead	2.3	B		P
7439-95-4	Magnesium	4490	B		P
7439-96-5	Manganese	4.5	B		P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	4.8	B		P
7440-09-7	Potassium	5400			P
7782-49-2	Selenium	2.6	U		P
7440-22-4	Silver	0.80	U		P
7440-23-5	Sodium	48000			P
7440-28-0	Thallium	2.5	U		P
7440-62-2	Vanadium	1.9	B		P
7440-66-6	Zinc	84.4			P

Outfall 001
Sampled 1-9-03
24 Hr. Composite

Color Before: COLORLESS Clarity Before: CLEAR Texture: _____

Color After: COLORLESS Clarity After: CLEAR Artifacts: _____

Comments:

FORM I - IN ILM04.1

BNLS714 S 50

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

15846-002

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS714

Matrix (soil/water): WATER Lab Sample ID: 0301204-002

Level (low/med): LOW Date Received: 1/9/2003

% Solids: 0.0

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

CAS No.	Analyte	Concentration	C	Q	M
57-12-5	Cyanide	10	U		CA

Outfall 001
Sampled 1-9-03
Grab Sample

Comments:

FORM I - IN ILM04.1

BNLS714S55

FIZM 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. : 0301087-001

Client ID. : 15839-001

Sample Information...
Type : Aqueous

Origin:

Collected 1/6/2003 10:00:00 AM
Received 1/6/2003 3:30:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 2	mg/L	E405.1	1/7/2003 4:02:00 PM
Nitrogen, Total	6.1	mg/L	M4500-N C	1/16/2003
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	1/14/2003 4:18:27 PM
Nitrite as N	0.05	mg/L	E353.2	1/8/2003 9:30:40 AM
Nitrate as N	5.72	mg/L	E353.2	1/16/2003 5:36:32 PM
Phosphorus, Total (As P)	1.23	mg/L	E365.2	1/15/2003 9:04:00 AM
Nitrogen, Kjeldahl, Total	0.40	mg/L	E351.2	1/16/2003 2:24:46 PM
Suspended Solids	< 4	mg/L	E160.2	1/7/2003 7:10:00 AM

Outfall 001 Comp 1-24-03
Sampled 1-6-03
24 Hr. Composite

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

Joann M. Slavin
Laboratory Manager

Date Reported : 1/21/2003

BNLS714 S 39

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. : 0301204-001

Client ID. : 15846-001

Sample Information...
Type : Aqueous

Origin:

Collected 1/9/2003 9:45:00 AM
Received 1/9/2003 3:00:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 2	mg/L	E405.1	1/10/2003 4:11:00 PM
Nitrogen, Total	7.6	mg/L	M4500-N C	1/16/2003
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	1/14/2003 4:22:07 PM
Nitrite as N	0.02	mg/L	E353.2	1/9/2003 6:42:38 PM
Nitrate as N	7.09	mg/L	E353.2	1/16/2003 5:38:35 PM
Phosphorus, Total (As P)	1.11	mg/L	E365.2	1/15/2003 9:07:00 AM
Nitrogen, Kjeldahl, Total	0.50	mg/L	E351.2	1/16/2003 2:25:26 PM
Suspended Solids	< 4	mg/L	E160.2	1/13/2003 8:40:00 AM

Outfall 001
Sampled 1-9-03
24 Hr. Composite

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

Date Reported : 1/21/2003

Joann M. Slavin
Laboratory Manager

BNLS714 S 51

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. : 0301087-004

Client ID. : 15839-004

Sample Information...
Type : Aqueous

Origin:

Collected 1/6/2003
Received 1/6/2003 3:30:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 2	mg/L	E405.1	1/7/2003 4:04:00 PM

Outfall 001
Sampled 1-6-03
24Hr. Composite
Duplicate

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

Date Reported : 1/21/2003

Joann M. Slavin
Laboratory Manager

BNLS714 S 46

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. : 0301087-002

Client ID. : 15839-002

Sample Information...
Type : Aqueous

Origin:

Collected 1/6/2003 1:58:00 PM
Received 1/6/2003 3:30:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Fecal Coliform	< 2	MPN	M9221 C	1/6/2003 3:30:00 PM

Outfall 001
Sampled 1-6-03
Grab Sample

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

Date Reported : 1/21/2003

Joann M. Slavin
Laboratory Manager

BNLS714 S 43

FZM 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. : 0301204-002

Client ID. : 15846-002

Sample Information...
Type : Aqueous

Origin:

Collected 1/9/2003 1:00:00 PM
Received 1/9/2003 3:00:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Fecal Coliform	< 2	MPN	M9221 C	1/9/2003 3:30:00 PM

Outfall 001
Sampled 1-9-03
Grab Sample

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

Joann M. Slavin
Laboratory Manager

Date Reported : 1/21/2003

BNLS714 S 56

1A

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15839-002

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS714

Matrix: (soil/water) WATER Lab Sample ID: 0301087-002A

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F11757.D

Level: (low/med) LOW Date Received: 01/06/03

% Moisture: not dec. Date Analyzed: 01/11/03

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

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

CONCENTRATION UNITS: (µg/L or µg/Kg) UG/L

CAS NO.	COMPOUND	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	2	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 1-6-03
Grab Sample

1B

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15839-002

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS714

Matrix: (soil/water) WATER Lab Sample ID: 0301087-002A

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F11757.D

Level: (low/med) LOW Date Received: 01/06/03

% Moisture: not dec. Date Analyzed: 01/11/03

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 1-6-03
Grab Sample.

BNLS714 S 40

1A

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15846-002

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS714

Matrix: (soil/water) WATER Lab Sample ID: 0301204-002A

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F11755.D

Level: (low/med) LOW Date Received: 01/09/03

% Moisture: not dec. Date Analyzed: 01/11/03

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
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 1-9-03
Grab Sample

BNLS714 S 52

1B

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

15846-002

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS714

Matrix: (soil/water) WATER Lab Sample ID: 0301204-002A

Sample wt/vol: 5 (g/mL) ML Lab File ID: V\F11755.D

Level: (low/med) LOW Date Received: 01/09/03

% Moisture: not dec. Date Analyzed: 01/11/03

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 1-9-03
Grab Sample

BNLS714 S 53

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. : 0301087-003

Client ID. : 15839-003

Sample Information...
Type : Aqueous

Origin:

Collected 1/6/2003 10:30:00 AM
Received 1/6/2003 3:30:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	19	mg/L	E405.1	1/7/2003 4:03:00 PM
Suspended Solids	55	mg/L	E160.2	1/7/2003 7:15:00 AM

STP Influent
Sampled 1-6-03
24 Hr. Composite

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

Date Reported : 1/21/2003

Joann M. Slavin
Laboratory Manager

BNLS714 S 45

■ IZM 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. : 0301204-003

Client ID. : 15846-003

Sample Information...
Type : Aqueous

Origin:

Collected 1/9/2003 9:55:00 AM
Received 1/9/2003 3:00:00 PM
Collected By CLIENT
Copies To Bob Lee

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	49	mg/L	E405.1	1/10/2003 4:12:00 PM
Suspended Solids	64	mg/L	E160.2	1/13/2003 8:45:00 AM

STP Influent
Sampled 1-9-03
24 Hr. Composite

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

Date Reported : 1/21/2003

Joann M. Slavin
Laboratory Manager

BNLS714 S 58

ATTACHMENT III

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JANUARY 2003

ANALYTICAL RESULTS FROM H2M LABS INC.

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

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

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. : 0301089-003

Client ID. : 15840-003

Sample Information...
Type : Aqueous

Origin:

Collected 1/6/2003 11:05:00 AM
Received 1/6/2003 3:30:00 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	1/8/2003 7:25:00 AM

Outfall 002

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

Date Reported : 1/21/2003

Joann M. Slavin
Laboratory Manager

BNLS715 S 30

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. : 0301207-002

Client ID. : 15843-002

Sample Information...
Type : Aqueous

Origin:

Collected 1/7/2003 10:58:00 AM
Received 1/9/2003 3:00:00 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	1/13/2003 7:20:00 AM

Outfall 002B
Sampled 1-7-03
Grab Sample.

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

Joann M. Slavin
Laboratory Manager

Date Reported : 1/22/2003

BNLS716 S 28

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. : 0301089-005

Client ID. : 15840-005

Sample Information...
Type : Aqueous

Origin:

Collected 1/6/2003 11:32:00 AM
Received 1/6/2003 3:30:00 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	1/8/2003 7:30:00 AM

Outfall 005
Sampled 1-6-03
Grab Sample

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

Date Reported : 1/21/2003

Joann M. Slavin
Laboratory Manager

BNLS715 S 33

FZM 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. : 0301089-001

Client ID. : 15840-001

Sample Information...
Type : Aqueous

Origin:

Collected 1/6/2003 11:15:00 AM
Received 1/6/2003 3:30:00 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	1/8/2003 7:30:00 AM

Outfall 006A
Sampled 1-6-03
Grab Sample

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

Joann M. Slavin
Laboratory Manager

Date Reported : 1/21/2003

BNLS715 S 24

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. : **0301089-002**

Client ID. : 15840-002

Sample Information...
Type : Aqueous

Origin:

Collected 1/6/2003 11:18:00 AM
Received 1/6/2003 3:30:00 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	1/8/2003 7:20:00 AM

outfall CCCOB
Sampled 1-6-03
Grab Sample

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

Joann M. Slavin
Laboratory Manager

Date Reported : 1/21/2003

BNLS715 S 25