Environmental and Waste Management Services

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

BROOKHAVEN
NATIONAL LABORATORY

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

July 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 June 2003

Included as Attachment I, please find the DMR for the month of June 2003. Chemical analyses for the reported parameters are conducted by NYS Department of Health certified laboratories. As of June 1, 2003, General Engineering Laboratories (GEL) will be performing most of the analyses on all SPDES samples. The BNL Analytical Services Laboratory will be performing metals and volatile organic compound analyses whereas H2M Labs, Inc. will be performing the BOD_5, Nitrogen series, and fecal coliform analyses. Copies of the analytical reports are contained in Attachments II and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental and Waste Management Services Division, Field Sampling Team.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations except for one excursion at Outfall 010 for aluminum and a non-compliance event at Outfall 001 for BOD-5 percent removal. With regard to aluminum, a sample collected at Outfall 010 on April 8, 2003, had a total concentration of 3.15 mg/L. A filtered sample collected at the same time had an aluminum concentration of 0.14 mg/L. The excursion is therefore attributed to sediments entrained in the stormwater system. Please see Attachment IV for the non-compliance report on this excursion event. The BOD-5 percent removal was calculated as >80 percent whereas the permit requirements are 85 percent. An excursion was not noted on the DMR since guidance on the NYSDEC website noted that the number of excursions are not reported for percent removal (see note 9). A non-compliance report has been completed and is included in Attachment IV

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

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REGISTERED TO
ISO 14001: 1996

documentation is available from the Environmental and Waste Management Services Division or the Plant Engineering Division. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of June 2003.

On May 20, 2003, the Laboratory was contacted by the NYSDEC-Albany requesting that bromodichloromethane (reporting code 38693) be reported as dichlorobromomethane (reporting code 32101) for quarterly volatile organic compound sampling performed at Outfalls 001 and 002. Since these are the same chemical compounds no changes other than updating the electronic DMR file is needed. The change is reflected in the attached DMR.

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 July 28, 2003. If there are any questions regarding the information contained on the DMR or the analytical data packages, please do not hesitate to contact R. Lee at extension 3148 or M. Allocco at extension 3166.

Sincerely,

George A. Goode
Environmental & Waste Management Services
Division Manager

GAG/MA:car

Attachment I: Discharge Monitoring Report for June 2003.

Attachment II: Analytical Results from H2M Labs Inc., the BNL Analytical Services Laboratory, and GEL LLC for samples collected on 6/2/03, 6/4/03, and 6/6/03 from Outfall 001.

Attachment III: Analytical Results from H2M Labs, the BNL Analytical Services Laboratory, GEL LLC, and CHEMTEX Inc. for samples collected from Outfalls 001A, 001B, 001D, 001F, 002, 002B, 005, 006A, 006B, 008, and 010.

Attachment IV: Non-Compliance Report for June SPDES Excursions at Outfalls 010 and 001.

cc:	M. Allocco	w/attachments	M. Baldwin	w/attachments
	M. Bebon	w/o attachments	W. Chaloupka	w/attachments

S. Dierker	w/o attachments	G. Goode	w/o Attachments
G. Granzen	w/o attachments	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
J. Tarpinian	w/o attachments	D. Van Duyne	w/attachments

EC62ER.03

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JUNE 2003

FOR OUTFALLS NO. 001 – 010

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

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

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

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

4. The quarterly compliance analysis was completed on a 24-hr. composite sample rather than a grab sample due to a scheduling error. This resulted in a higher method detection limit (0.40 µg/L) than the permit required detection limit (0.065 µg/L) for most of the individual congeners. PCBs were not detected in the quarterly compliance sample.

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[(a)]	Shutdown	Shutdown	Shutdown	Shutdown	Shutdown	Shutdown
1-93B	36.4 GPD	7.3 SU	1.6 mg/L	< 10.0 µg/L	2.7 µg/L	< 5.0 µg/L
Total Flow	36.4 GPD					

[(a)]The photographic processor in Bldg. 197, Room 1-87 was shutdown during the first quarter of 2003 and is scheduled for dismantling.

6. The total aluminum concentration at Outfall 010 was 3.15 mg/L on 4/8/2003, which exceeded the permit limit of 2.0 mg/L. Please see Attachment IV for an explanation of this excursion.

7. The analyte was positively identified; the associated numerical value is the approximate concentration of the analyte in the sample.

8. The average BOD-5 and percent removal were calculated using one-half the MDL as the value due to large uncertainty in the values reported by the analytical laboratory.

9. The percent removal for BOD-5 was calculated at > 80 percent and did not meet the permit requirement of 85 percent removal. As per the "Frequently Asked Questions" section of the NYSDEC Water Division website regarding number of excursions, the number of excursions for percent removal have not been calculated. Please see Attachment IV for an explanation of this excursion. (http://www.dec.state.ny.us/website/dow/bwcp/FAQNoEx.html)

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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)

MAJOR

NY0005835 Permit Number	001 A Discharge Number

(SUBR 01)

F - FINAL

ACID/CAUSTIC CLEANG RINSE 535B

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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	197	******	(07)	******	******	******		0	03/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	**** GPD	******	******				QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		6.8	******	6.8	(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 See Note 7	SAMPLE MEASUREMENT	******	******		******	******	5	(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	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 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)

MAJOR
(SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 498

NY0005835 Permit Number	001 B Discharge Number

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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	390	******	(07)	******	******	******		0	01/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******		**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		6.9	******	6.9	(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) See Note 3	SAMPLE MEASUREMENT	******	******		******	******	0.0052	(28)	0	01/90	GR
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****		******	REPORT DAILY MX	UG/L		01/90	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.21	(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	******	******		******	******	0.31	(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) See Note 3	SAMPLE MEASUREMENT	******	******		******	******	0.0052	(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 3	SAMPLE MEASUREMENT	******	******		******	******	0.0053	(28)	0	01/90	GR
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB

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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

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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)

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	001 B Discharge Number

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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			
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	******	0.012	(28)	0	01/90	GR
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
1,2-DICHLOROETHANE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
32103 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
CHLOROFORM	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
32106 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT 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	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
DICHLOROBROMOMETHANE EFFLUENT	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
32101 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE	SAMPLE MEASUREMENT	******	******		******	******	< 10	(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

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

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

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	001 B Discharge Number

RINSE FROM CENTRL DEGREASR 498

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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		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										
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	PERMIT REQUIREMENT										

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

NY0005835 Permit Number	001 D Discharge Number

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

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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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			
FLOW RATE See Note 5 00056 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	36.4	******	(07)	******	******	******	****	0	01/90	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	****		QTRLY	RCORDR
PH See Note 5 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.3	******	7.3	(12)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
NITROGEN, TOTAL (AS N) See Note 5 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	1.6	(19)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	****		******	REPORT DAILY MX	MG/L		QTRLY	GRAB
CYANIDE, TOTAL (AS CN) See Note 5 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 10	(28)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
SILVER, TOTAL (AS AG) See Notes 3 & 5 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	2.7	(28)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	UG/L		QTRLY	GRAB
PHENOLICS, TOTAL RECOVERABLE See Note 5 32730 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(28)	0	01/90	GR
	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)

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	001 E Discharge Number

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

BOILER BLOWDN FROM 244,405,ETC
*** 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			
FLOW RATE	SAMPLE MEASUREMENT	59	******	(07)	******	******	******		0	20/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		9.5	******	10.0	(12)	0	20/90	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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 possiblity 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 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)

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	001 F Discharge Number

COOLING TOWER WTR & BLOWDN 902

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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	5000	******	(07)	******	******	******		0	03/90	RC
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		QTRLY	RCORDR
PH	SAMPLE MEASUREMENT	******	******		8.6	******	8.6	(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	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 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

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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	001 M Discharge Number

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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			
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	73	(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) See Note 8	SAMPLE MEASUREMENT	******	******		******	5	9	(19)	0	06/30	24
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		6.1	******	6.5	(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 See Note 3	SAMPLE MEASUREMENT	******	******		******	1.3	1.8	(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	******	******		******	******	3.8	(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	******	******		******	******	< 0.10	(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	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)

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	001 M Discharge Number

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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)	SAMPLE MEASUREMENT	******	******		******	******	1.5	(19)	0	03/30	24
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN) See Note 3	SAMPLE MEASUREMENT	******	******		******	******	2.04	(28)	0	03/30	GR
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	100 DAILY MX	UG/L		TWICE/ MONTH	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.035	(19)	0	03/30	24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****		******	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.23	(19)	0	03/30	24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.37 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******	******	0.0021	(19)	0	03/30	24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NICKEL, TOTAL (AS NI) See Note 3	SAMPLE MEASUREMENT	******	******		******	******	0.0030	(19)	0	03/30	24
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.11 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******	******	0.0034	(19)	0	03/30	24
01077 1 0 0 EFFLUENT GROSS VALUE	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 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)

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

NY0005835 Permit Number	001 M Discharge Number

*** No Discharge ☐ ****

Monitoring Period

From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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)	SAMPLE MEASUREMENT	******	******		******	******	0.1	(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	******	******		******	******	< 2	(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	******	******		******	******	< 2	(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	******	******		******	******	< 2	(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	0.48	0.64	(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 3	SAMPLE MEASUREMENT	******	******		******	******	0.0002	(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

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)

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	001 M Discharge Number

PROCESS SANIT & STORMWTR RNOFF

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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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			
2-BUTANONE	SAMPLE MEASUREMENT	******	******		******	******	< 2	(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 See Notes 8 & 9	SAMPLE MEASUREMENT	******	******		> 80	******	******	(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	******	******		> 97	******	******	(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										
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	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
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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)

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	001 Q Discharge Number

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

PROCESS SANIT EFFL & STORMWTR

*** 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			
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 See Note 4 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	< 0.40	(28) UG/L	0	01/90	CA
	PERMIT REQUIREMENT	******	******		******	******	REPORT DAILY MX			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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Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	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)

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

NY0005835 Permit Number	002 B Discharge Number

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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	******	******		7.9	******	7.9	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE See Note 3	SAMPLE MEASUREMENT	******	******		******	******	1.5	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.017	(03)	******	******	******		0	04/30	RC
50050 1 0 0 See Note 1 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										

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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)*

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
AGS NON-C COOLING,PRCP,ETC (HN)

NY0005835 Permit Number	002 M Discharge Number

*** No Discharge ☐ ****

Monitoring Period

From YR	From MO	From DAY	To YR	To MO	To DAY
03	04	01	03	06	30

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		6.9	******	7.3	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE See Note 3	SAMPLE MEASUREMENT	******	******		******	******	1.5	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	9.6	******	(03)	******	******	******		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	MGD	******	******	******			ONCE/ MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS. SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A 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

MAJOR
(SUBR 01)
F - FINAL
AGS NON-C COOLG,PRECP ETC (HN)
*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	0.13	(19)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	****	******	******	2.0 DAILY MX	MG/L		QTRLY	GRAB
CHLOROFORM 32106 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	****	******	******	50 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	******	******	****		******	7 DAILY MX	UG/L		QTRLY	GRAB
DICHLOROBROMOMETHANE EFFLUENT 32101 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	(28)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	****	******	******	5 DAILY MX	UG/L		QTRLY	GRAB
1-HYDROXY-ETHYLIDENE 85812 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.05	(19)	0	01/90	GR
	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZOLE 85813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.005	(19)	0	01/90	GR
	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)

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

NY0005835 Permit Number	002 R Discharge Number

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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	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 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
03	04	01	03	06	30

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	******	******		6.7	******	8.4	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE See Note 3	SAMPLE MEASUREMENT	******	******		******	******	1.2	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.0	******	(03)	******	******	******		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

*SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

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

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

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

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	005 Q Discharge Number

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

NSLS COOLG TOWR BLOWDN ETC (HS)
*** 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			
COPPER, TOTAL (AS CU) See Note 3	SAMPLE MEASUREMENT	******	******		******	******	0.0032	(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)

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number			007 M Discharge Number		
Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

WATER TREATMENT PLT BKWSH (HX)

*** No Discharge ☐ ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	******	240000	(07)	******	******	******		0	20/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		6.5	******	6.5	(12)	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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

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

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

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

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	008 M Discharge Number

STORMWTR RUNOFF WAREHOUSE (HW)

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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 See Note 3	SAMPLE MEASUREMENT	******	212000	(07)	******	******	******		0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.9	******	7.9	(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 See Note 3	SAMPLE MEASUREMENT	******	******		******	******	1.8	(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	******	******		******	******	< 2	(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	******	******		******	******	< 2	(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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		Telephone 631-344-3424
Typed or Printed		Signature of Principal Executive Officer or Authorized Agent	Date Signed

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

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

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	008 Q Discharge Number

SW RUNOFF FROM WAREHOUSE AREA

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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	******	******	****	******	******	1.3	(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	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)

X

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

NY0005835 Permit Number	010 M Discharge Number

(SUBR 01)

F - FINAL

STORMWTR R O CENTRAL STEAM (H)

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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	******	187000	(07)	******	******	******		0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.8	******	7.8	(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 See Note 3	SAMPLE MEASUREMENT	******	******		******	******	1.1	(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	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 possiblity of fine and imprisonment for knowing violations	Telephone 631-344-3424
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	Date Signed

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

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

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835 Permit Number	010 Q Discharge Number

MAJOR
(SUBR 01)
F - FINAL
SW RUNOFF FROM CENTRAL STM (H)
*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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 3	SAMPLE MEASUREMENT	******	******		******	******	0.015	(19)	0	02/90	GR
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		QTRLY	GRAB
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******	******	0.009	(19)	0	02/90	GR
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.05 DAILY MX	MG/L		QTRLY	GRAB
VANADIUM, TOTAL (AS V) See Note 3	SAMPLE MEASUREMENT	******	******		******	******	0.014	(19)	0	02/90	GR
01087 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	GRAB
ALUMINUM, TOTAL (AS AL) See Note 6	SAMPLE MEASUREMENT	******	******		******	******	3.2	(19)	1	02/90	GR
01105 1 0 0 EFFLUENT GROSS VALUE	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)

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	06A M Discharge Number

LINAC NCCW, FLOOR DNS,ETC (HT1)

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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	******	******		6.9	******	7.6	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE See Note 3	SAMPLE MEASUREMENT	******	******		******	******	1.3	(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	0.21	******	(03)	******	******	******		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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

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

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

NY0005835 Permit Number	06A Q Discharge Number

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

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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		
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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)

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	06B M Discharge Number

Monitoring Period

From YR	From MO	From DAY	To YR	To MO	To DAY
03	04	01	03	06	30

COOLING TOWR FROM 919 ETC (HT2)
*** No Discharge ☐ ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.0	******	7.5	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE See Note 3	SAMPLE MEASUREMENT	******	******		******	******	1.1	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.46	******	(03)	******	******	******		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	MGD	******	******	******	**** ****		ONCE/ MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

Comments and Explanation of any violations (Reference all attachments here)
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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	06B Q Discharge Number

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

Monitoring Period					
From			To		
YR	MO	DAY	YR	MO	DAY
03	04	01	03	06	30

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.

ATTACHMENT II

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JUNE 2003

ANALYTICAL RESULTS FROM H2M LABS,

THE BNL ANALYTICAL SERVICES LABORATORY,

AND CHEMTEX LLC

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

6/2/03, 6/4/03, 6/6/03, 6/23/03, 6/25/03, AND 6/27/03

FROM OUTFALL 001

NYSDEC - ASP
1
INORGANIC ANALYSIS DATA SHEET

Lab Name:	Brookhaven National Laboratory - ASL	SAMPLE NO.	17038-001
Lab Code:			
Matrix:	Water	C.O.C.#:	17038
Level:		Lab sample ID:	23060206-01
		Date Rcvd.:	6/2/03

Concentration Units: (ug/L)

CAS NO.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	47.4	B		ICP/MS
7440-36-0	Antimony	6	U		ICP/MS
7440-38-2	Arsenic	1.5			ICP/MS
7440-39-3	Barium	17.0	B		ICP/MS
7440-41-7	Beryllium	0.5	U		ICP/MS
7440-43-9	Cadmium	0.5	U		ICP/MS
7440-47-3	Chromium	2.5	B		ICP/MS
7440-48-4	Cobalt	5.0	U		ICP/MS
7440-50-8	Copper	35.4			ICP/MS
7439-89-6	Iron	226	B		AA
7439-92-1	Lead	2.1			ICP/MS
7439-96-5	Manganese	5.3			ICP/MS
7439-97-6	Mercury	0.15	B		CV
7439-98-7	Molybdenum	69.5			ICP/MS
7440-02-0	Nickel	3.0	B		ICP/MS
7782-49-2	Selenium	0.9	B		ICP/MS
7440-22-4	Silver	3.2			ICP/MS
7440-23-5	Sodium	26.5 mg/L as per P. Heyde 7.19.03			AA
7440-28-0	Thallium	1.0	U		ICP/MS
7440-62-2	Vanadium	4.5	B		ICP/MS
7440-66-6	Zinc	81.1			ICP/MS

Outfall 001
Sampled 6-2-03
24 Hr. Composite

NYSDEC - ASP
1
INORGANIC ANALYSIS DATA SHEET

Lab Name:	Brookhaven National Laboratory - ASL
Lab Code:	
Matrix:	Water
Level:	

SAMPLE NO.
17044-001

C.O.C.#:	17044
Lab sample ID:	23060410-01
Date Rcvd.:	6/4/03

Concentration Units: (ug/L)

CAS NO.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	25.4	B		ICP/MS
7440-36-0	Antimony	6	U		ICP/MS
7440-38-2	Arsenic	1.2			ICP/MS
7440-39-3	Barium	19.0	B		ICP/MS
7440-41-7	Beryllium	0.5	U		ICP/MS
7440-43-9	Cadmium	0.5	U		ICP/MS
7440-47-3	Chromium	1.6	B		ICP/MS
7440-48-4	Cobalt	5.0	U		ICP/MS
7440-50-8	Copper	29.6			ICP/MS
7439-89-6	Iron	154	B		AA
7439-92-1	Lead	1.1			ICP/MS
7439-96-5	Manganese	5.4			ICP/MS
7439-97-6	Mercury	0.1	U		CV
7439-98-7	Molybdenum	60.7			ICP/MS
7440-02-0	Nickel	2.8	B		ICP/MS
7782-49-2	Selenium	0.8	B		ICP/MS
7440-22-4	Silver	1.2			ICP/MS
7440-23-5	Sodium	27.7 MG/L as per P. Hayle 7-14-03			AA
7440-28-0	Thallium	1.0	U		ICP/MS
7440-62-2	Vanadium	3.2	B		ICP/MS
7440-66-6	Zinc	104			ICP/MS

Outfall 001
Sampled 6-4-03
24 Hr. Composite

NYSDEC - ASP
1
INORGANIC ANALYSIS DATA SHEET

Lab Name:	Brookhaven National Laboratory - ASL
Lab Code:	
Matrix:	Water
Level:	

SAMPLE NO.	17057-001
C.O.C.#:	17057
Lab sample ID:	23060608-01
Date Rcvd.:	6/2/03

Concentration Units: (ug/L)

CAS NO.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	19.7	B		ICP/MS
7440-36-0	Antimony	6	U		ICP/MS
7440-38-2	Arsenic	1.1			ICP/MS
7440-39-3	Barium	18.2	B		ICP/MS
7440-41-7	Beryllium	0.5	U		ICP/MS
7440-43-9	Cadmium	0.5	U		ICP/MS
7440-47-3	Chromium	1.6	B		ICP/MS
7440-48-4	Cobalt	5.0	U		ICP/MS
7440-50-8	Copper	26.7			ICP/MS
7439-89-6	Iron	163	B		AA
7439-92-1	Lead	1.6			ICP/MS
7439-96-5	Manganese	6.0			ICP/MS
7439-97-6	Mercury	0.12	B		CV
7439-98-7	Molybdenum	38.9			ICP/MS
7440-02-0	Nickel	2.5	B		ICP/MS
7782-49-2	Selenium	0.5	U		ICP/MS
7440-22-4	Silver	3.4			ICP/MS
7440-23-5	Sodium	23.3 mg/L as per P. Hayne 7-14-03			AA
7440-28-0	Thallium	1.0	U		ICP/MS
7440-62-2	Vanadium	3.1	B		ICP/MS
7440-66-6	Zinc	40.6			ICP/MS

Outfall 001
Sampled 6-6-03
24hr. Composite

1A

Volatile Organics Analysis Data Sheet

Method 624 (CLP)

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

Analytical Services Lab ID: 23060206-02

Matrix: (soil/water) water

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

Level: (low/med) low

Date Analyzed: 6/16/2003

Lab File ID: 30616B11.D

Dilution Factor: 1

Dilution information: N/A

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

outfall 001
Sampled 6-2-03
Grab Sample

1A

Volatile Organics Analysis Data Sheet

Method 624 (CLP)

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

Analytical Services Lab ID: 23060410-02

Matrix: (soil/water) water

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

Level: (low/med) low

Date Analyzed: 6/17/2003

Lab File ID: 30617B08.D

Dilution Factor: 1

Dilution information: N/A

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

Outfall 001
Sampled 6-4-03
Grab Sample

1A

Volatile Organics Analysis Data Sheet

Method 624 (CLP)

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

Analytical Services Lab ID: 23060608-02

Matrix: (soil/water) water

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

Level: (low/med) low

Date Analyzed: 6/18/2003

Lab File ID: 30618B06.D

Dilution Factor: 1

Dilution information: N/A

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

Outfall 001
Sampled 6-6-03
Grab Sample

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: June 13, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17037-001
Sample ID: 81469001
Matrix: Water
Collect Date: 02-JUN-03 12:22
Receive Date: 03-JUN-03 09:45
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17037
Samp Recv.: 17037
Client Desc.: STP Effluent

Parameter	Qualifier	Result	DL	RL	Units	DF	Analyst	Date	Time	Batch	Method
Solids Analysis Federal											
EPA 160.2 Total Suspended Liq											
Total Suspended Solids	J	1.79	0.402	2.63	mg/L		JXM	06/09/03	1343	256290	1
TRAACS Nutrient Analysis Fed											
EPA 365.4 Phosphorus, Total in											
Phosphorus, Total as PO4		1.48	0.0162	0.050	mg/L	1	THL	06/06/03	1000	255430	2

The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
EPA 365.4 Prep	EPA 365.4 Phosphorus, Total in liquid-Fe	SDS	06/05/03	1500	255429

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 160.2	
2	EPA 365.4	

Outfall 001
Sampled 6-2-03
24 Hr. Composite

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

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

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

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: June 24, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17046-001
Sample ID: 81672001
Matrix: Water
Collect Date: 04-JUN-03 10:15
Receive Date: 05-JUN-03 09:20
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17046
Samp Recv.: 17046
Client Desc.: STP Effluent

Parameter	Qualifier	Result	DL	RL	Units	DF	Analyst	Date	Time	Batch	Method
Solids Analysis Federal											
EPA 160.2 Total Suspended Liq											
Total Suspended Solids	J	1.50	0.382	2.50	mg/L		SDS	06/11/03	0955	256898	1
TRAACS Nutrient Analysis Fed											
EPA 365.4 Phosphorus, Total in											
Phosphorus, Total as P		1.27	0.0162	0.050	mg/L	1	THL	06/20/03	1146	258580	2

The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
EPA 365.4 Prep	EPA 365.4 Phosphorus, Total in liquid-Fe	EXN1	06/19/03	1020	258579

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 160.2	
2	EPA 365.4	

Outfall 001
Sampled 6-4-03
24 Hr. Composite

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

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

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

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: June 30, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17059-001
Sample ID: 81849001
Matrix: Water
Collect Date: 06-JUN-03 11:00
Receive Date: 07-JUN-03 09:45
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17059
Samp Recv.: 17059
Client Desc.: STP Effluent

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Solids Analysis Federal										
EPA 160.2 Total Suspended Liq										
Total Suspended Solids	J	0.700	0.382	2.50	mg/L		JXM 06/13/03	1329	257442	1
TRAACS Nutrient Analysis Fed										
EPA 365.4 Phosphorus, Total in										
Phosphorus, Total as P		1.41	0.0162	0.050	mg/L	1	THL 06/20/03	1147	258580	2

The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
EPA 365.4 Prep	EPA 365.4 Phosphorus, Total in liquid-Fe	EXN1	06/19/03	1020	258579

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 160.2	
2	EPA 365.4	

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

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

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

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

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: June 13, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17037-002
Sample ID: 81469002
Matrix: Water
Collect Date: 02-JUN-03 12:30
Receive Date: 03-JUN-03 09:45
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17037
Samp Recv.: 17037
Client Desc.: STP Effluent

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Rapid Flow Analysis Federal										
SW9012A Cyanide, Total Federal										
Cyanide, Total	U	1.38	1.72	5.00	ug/L	1	ADF 06/11/03	1639	255634	1

The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
SW846 9010B Prep	SW846 9010B Prep	SDS	06/10/03	1330	255633

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	SW846 9012A	

Outfall 001
Sampled 6-2-03
Grab Sample

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

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

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

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: June 24, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17046-002
Sample ID: 81672002
Matrix: Water
Collect Date: 04-JUN-03 13:15
Receive Date: 05-JUN-03 09:20
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17046
Samp Recv.: 17046
Client Desc.: STP Effluent

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Rapid Flow Analysis Federal										
SW9012A Cyanide, Total Federal										
Cyanide, Total	J	2.04	1.72	5.00	ug/L	1	ADF 06/10/03	1006	255890	1

The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
SW846 9010B Prep	SW846 9010B Prep	SDS	06/06/03	1605	255889

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	SW846 9012A	

Outfall 001
Sampled 6-4-03
Grab Sample

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

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

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

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: July 16, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17059-002
Sample ID: 81849002
Matrix: Water
Collect Date: 06-JUN-03 13:15
Receive Date: 07-JUN-03 09:45
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17059
Samp Recv.: 17059
Client Desc.: STP Effluent

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Rapid Flow Analysis Federal										
SW9012A Cyanide, Total Federal										
Cyanide, Total	U	ND	1.72	5.00	ug/L	1	ADF 06/18/03	1624	257817	1

The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
SW846 9010B Prep	SW846 9010B Prep	ADF	06/18/03	1030	257815

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	SW846 9012A	

Outfall 001
Sampled 6-6-03
Grab Sample

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

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

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

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. : **0306047-002**

Client ID. : 17036-002

Sample Information...
Type : Aqueous

Origin:

Collected 6/2/2003 12:30:00 PM
Received 6/2/2003 3:27:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Fecal Coliform	< 2	MPN	M9221 C	6/2/2003 4:45:00 PM

Outfall 001
Sampled 6-2-03
Grab Sample

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

Joann M. Slavin

Laboratory Manager

Date Reported : 6/17/2003

BNLS750 S28

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. : **0306127-002A**

Client ID. : **17045-002**

Sample Information...
Type : Aqueous

Origin:

Collected 6/4/2003 1:15:00 PM
Received 6/4/2003 3:35:00 PM
Collected By : CLIENT
Copy : **Original**
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Fecal Coliform	< 2	MPN	M9221 C	6/4/2003 3:45:00 PM

Outfall 001
Sampled 6-4-03
Grab Sample

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

Joann M. Slavin

Laboratory Manager

Date Reported : 6/17/2003

BNLS750 S32

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. : **0306223-002A**

Client ID. : **17058-002**

Sample Information...
Type : Aqueous

Origin:

Collected 6/6/2003 1:15:00 PM
Received 6/6/2003 3:37:00 PM
Collected By : CLIENT
Copy : **Original**
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Fecal Coliform	< 2	MPN	M9221 C	6/6/2003 4:30:00 PM

Outfall 001
Sampled 6-6-03
Grab Sample

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

Joann M. Slavin

Laboratory Manager

Date Reported : 6/17/2003

BNLS750 S35

1E

PESTICIDE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

17107-001LL

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS758

Matrix: (soil/water) WATER Lab Sample ID: 0307509-001A

Sample wt/vol: 500 (g/mL) ML Lab File ID: A01498.RAW

% Moisture: Decanted: (Y/N) N Date Received: 06/27/03

Extraction: (Type) SEPF Date Extracted: 07/16/03

Concentrated Extract Volume: 500 (uL) Date Analyzed: 07/16/03

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	0.40	U
11104-28-2	Aroclor 1221	0.40	U
11141-16-5	Aroclor 1232	0.40	U
53469-21-9	Aroclor 1242	0.40	U
12672-29-6	Aroclor 1248	0.40	U
11097-69-1	Aroclor 1254	0.40	U
11096-82-5	Aroclor 1260	0.065	U

Outfall 001
Sampled 6-27-03
24 Hr. ~~Composite~~
Composite

1E

PESTICIDE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

17107-001

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS758

Matrix: (soil/water) WATER Lab Sample ID: 0307509-001A

Sample wt/vol: 500 (g/mL) ML Lab File ID: A01496.RAW

% Moisture: Decanted: (Y/N) N Date Received: 06/27/03

Extraction: (Type) SEPF Date Extracted: 07/16/03

Concentrated Extract Volume: 500 (uL) Date Analyzed: 07/16/03

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	0.15	P
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 6-27-03
24 Hr. Composite

H2M LABS, INC.
575 Broad Hollow Road, Melville NY 11747
(631) 694-3040. FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

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

Lab No. : 0306047-001

Client ID. : 17036-001

Sample Information...
Type : Aqueous

Origin:

Collected 6/2/2003 12:22:00 PM
Received 6/2/2003 3:27:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	8	mg/L	E405.1	6/4/2003 2:02:00 PM
Nitrogen, Total	3.4	mg/L	M4500-N C	6/13/2003
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	6/10/2003 3:24:18 PM
Nitrite as N	0.05	mg/L	E353.2	6/3/2003 5:30:44 PM
Nitrate as N	3.09	mg/L	E353.2	6/12/2003 2:00:35 PM
Nitrogen, Kjeldahl, Total	0.33	mg/L	E351.2	6/11/2003 2:13:23 PM

Outfall 001
Sampled 6-2-03
24 Hr. Composite

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

Joann M. Slavin
Laboratory Manager

Date Reported : 6/17/2003

BNLS750 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. : **0306047-004**

Client ID. : 17036-004

Sample Information...
Type : Aqueous

Origin:

Collected 6/2/2003
Received 6/2/2003 3:27:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	6	mg/L	E405.1	6/4/2003 8:05:00 AM

outfall 001
Sampled 6-2-03
24 Hr. Composite
Duplicate

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

Joann M. Slavin
Laboratory Manager

Date Reported : 6/17/2003

BNLS750 S30

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. : 0306127-001

Client ID. : 17045-001

Sample Information...
Type : Aqueous

Origin:

Collected 6/4/2003 10:15:00 AM
Received 6/4/2003 3:35:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	9	mg/L	E405.1	6/5/2003 2:14:00 PM
Nitrogen, Total	3.6	mg/L	M4500-N C	6/13/2003
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	6/10/2003 3:26:55 PM
Nitrite as N	0.01	mg/L	E353.2	6/6/2003 8:25:59 AM
Nitrate as N	3.44	mg/L	E353.2	6/12/2003 2:02:36 PM
Nitrogen, Kjeldahl, Total	0.16	mg/L	E351.2	6/11/2003 2:15:23 PM

Outfall 001
Sampled 6-4-03
6/2003 24 Hr. Composite

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

Joann M. Slavin

Laboratory Manager

Date Reported : 6/17/2003

BNLS750 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. : **0306223-001**

Client ID. : 17058-001

Sample Information...
Type : Aqueous

Origin:

Collected 6/6/2003 11:00:00 AM
Received 6/6/2003 3:37:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	3	mg/L	E405.1	6/7/2003 11:09:00 AM
Nitrogen, Total	3.8	mg/L	M4500-N C	6/13/2003
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	6/10/2003 3:27:43 PM
Nitrite as N	0.02	mg/L	E353.2	6/7/2003 11:57:20 AM
Nitrate as N	3.66	mg/L	E353.2	6/12/2003 2:03:17 PM
Nitrogen, Kjeldahl, Total	0.18	mg/L	E351.2	6/11/2003 2:16:03 PM

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

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

Date Reported : 6/17/2003

Joann M. Slavin
Laboratory Manager

BNLS750 S34

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. : 0306699-001A

Client ID. : 17095-001

Report re-issued 7/14/03

Sample Information...
Type : Aqueous

Origin:

Collected 6/23/03 7:30:00 AM
Received 6/23/03 3:30:00 PM
Collected By : CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	8	mg/L	E405.1	6/25/03 1:02:00 PM

Outfall 001
Sampled 6-23-03
24 Hr. Composite

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

Joann M. Slavin

Laboratory Manager

Date Reported : 7/8/03

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. : 0306802-001

Client ID. : 17099-001

Sample Information...
Type : Aqueous

Origin:

Collected 6/25/2003 9:14:00 AM
Received 6/25/2003 3:15:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 5	mg/L	E405.1	6/26/2003 8:13:00 AM

Outfall 001
Sampled 6-25-03
24 Hr. Composite

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

Date Reported : 7/8/2003

Joann M. Slavin
Laboratory Manager

BNLS757 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. : 0306883-001

Client ID. : 17107-001

Sample Information...
Type : Aqueous

Origin:

Collected 6/27/2003 11:02:00 AM
Received 6/27/2003 3:20:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 2	mg/L	E405.1	6/28/2003 8:02:00 AM

Outfall 001
Sampled 6.27.03
24 hr. composite

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

Joann M. Slavin
Laboratory Manager

Date Reported : 7/8/2003

BNLS758 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. : **0306047-003**

Client ID. : 17036-003

Sample Information...
Type : Aqueous

Origin:

Collected 6/2/2003 12:42:00 PM
Received 6/2/2003 3:27:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 20	mg/L	E405.1	6/4/2003 2:04:00 PM

STP Influent
Sampled 6-2-03
24 hr. composite

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

Date Reported : 6/17/2003

Joann M. Slavin
Laboratory Manager

BNLS750 S29

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
'0 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : **0306127-003A**

Client ID. : **17045-003**

Sample Information...
Type : Aqueous

Origin:

Collected 6/4/2003 11:00:00 AM
Received 6/4/2003 3:35:00 PM
Collected By : CLIENT
Copy : **Original**
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	38	mg/L	E405.1	6/5/2003 2:15:00 PM

STP Influent
Sampled 6-4-03
24 hr. Composite

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

Date Reported : 6/17/2003

Joann M. Slavin
Laboratory Manager

BNLS750 S33

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. : **0306223-003A**

Client ID. : **17058-003**

Sample Information...
Type : Aqueous

Origin:

Collected 6/6/2003 11:40:00 AM
Received 6/6/2003 3:37:00 PM
Collected By : CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	24	mg/L	E405.1	6/7/2003 11:10:00 AM

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

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

Joann M. Slavin

Laboratory Manager

Date Reported : 6/17/2003

BNLS750 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. : 0306699-002

Client ID. : 17095-002

Sample Information...
Type : Aqueous

Origin:

Collected 6/23/2003 7:55:00 AM
Received 6/23/2003 3:30:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	16	mg/L	E405.1	6/25/2003 1:04:00 PM

STP Influent
Sampled 6-23-03
24 Hr. Composite

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

Joann M. Slavin

Laboratory Manager

Date Reported : 7/8/2003

BNLS756 S14

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. : 0306802-002A

Client ID. : 17099-002

Report re-issued 7/14/03

Sample Information...
Type : Aqueous

Origin:

Collected 6/25/03 9:30:00 AM
Received 6/25/03 3:15:00 PM
Collected By : CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 5	mg/L	E405.1	6/26/03 8:14:00 AM

STP Influent
Sampled 6-25-03
24 Hr. Composite

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

Date Reported : 7/8/03

Joann M. Slavin

Laboratory Manager

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. : **0306883-002**

Client ID. : 17107-002

Sample Information...
Type : Aqueous

Origin:

Collected 6/27/2003 11:29:00 AM
Received 6/27/2003 3:20:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	62	mg/L	E405.1	6/28/2003 8:03:00 AM

STP Influent
Sampled 6-27-03
24 Hr. Composite

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

Joann M. Slavin

Laboratory Manager

Date Reported : 7/8/2003

BNLS758 S14

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: June 13, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17037-003
Sample ID: 81469003
Matrix: Water
Collect Date: 02-JUN-03 12:42
Receive Date: 03-JUN-03 09:45
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17037
Samp Recv.: 17037
Client Desc.: STP Influent

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Solids Analysis Federal										
EPA 160.2 Total Suspended Liq										
Total Suspended Solids		25.6	0.764	5.00	mg/L		JXM 06/09/03	1343	256290	1

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 160.2	

LK7-16-03
~~Outfall 001~~ STP Influent
Sampled 6-2-03
24 Hr. Composite

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

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

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

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

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

Reviewed by

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: June 30, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17059-003
Sample ID: 81849003
Matrix: Water
Collect Date: 06-JUN-03 11:40
Receive Date: 07-JUN-03 09:45
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17059
Samp Recv.: 17059
Client Desc.: STP Influent

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Solids Analysis Federal										
EPA 160.2 Total Suspended Liq										
Total Suspended Solids		58.4	2.01	13.2	mg/L		JXM 06/13/03	1329	257442	1

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 160.2	

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

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

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

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

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

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

Reviewed by

ATTACHMENT III

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JUNE 2003

ANALYTICAL RESULTS FROM H2M LABS INC.,

THE BNL ANALYTICAL SERVICES LABORATORY,

GEL LLC, AND CHEMTEX INC.

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED FROM

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

1C

EPA SAMPLE NO.

16301-005

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: _____ SDG No.: BNLS736

Matrix: (soil/water) WATER Lab Sample ID: 0304125-005B

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A\C23089.D

Level: (low/med) LOW Date Received: 04/03/03

% Moisture: Decanted: (Y/N) N Date Extracted: 04/08/03

Concentrated Extract Volume: 1000 (µL) Date Analyzed: 05/02/03

Injection Volume: 2 (µL) Dilution Factor: 1.00

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

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

Outfall 001A
Sampled 4-3-03
Grab Sample

BNLS736 S42

1D

EPA SAMPLE NO.

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET

16301-005

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: _____ SDG No.: BNLS736

Matrix: (soil/water) WATER Lab Sample ID: 0304125-005B

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A\C23089.D

Level: (low/med) LOW Date Received: 04/03/03

% Moisture: Decanted: (Y/N) N Date Extracted: 04/08/03

Concentrated Extract Volume: 1000 (µL) Date Analyzed: 05/02/03

Injection Volume: 2 (µL) Dilution Factor: 1.00

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

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	5	J
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 4-3-03
Grab Sample

BNLS736 S43

1B

EPA SAMPLE NO.

VOLATILE ORGANICS ANALYSIS DATA SHEET

16301-001

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS736

Matrix: (soil/water) WATER Lab Sample ID: 0304125-001A

Sample wt/vol: 5 (g/mL) ML Lab File ID: 03\W1559.D

Level: (low/med) LOW Date Received: 04/03/03

% Moisture: not dec. Date Analyzed: 04/15/03

GC Column: R-502.2 ID: .53 (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
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	8.0	
75-35-4	1,1-Dichloroethene	1	U
75-09-2	Methylene chloride	2.9	B
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 001B
Sampled 4-2-03
Grab Sample

BNLS736 S28

1B

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

16301-001

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS736

Matrix: (soil/water) WATER Lab Sample ID: 0304125-001A

Sample wt/vol: 5 (g/mL) ML Lab File ID: 03\W1559.D

Level: (low/med) LOW Date Received: 04/03/03

% Moisture: not dec. Date Analyzed: 04/15/03

GC Column: R-502.2 ID: .53 (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 001B
Sampled 4-2-03
Grab Sample

BNLS736 S29

1C

EPA SAMPLE NO.

16301-001

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: _____ SDG No.: BNLS736

Matrix: (soil/water) WATER Lab Sample ID: 0304125-001B

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A\C23088.D

Level: (low/med) LOW Date Received: 04/03/03

% Moisture: Decanted: (Y/N) N Date Extracted: 04/08/03

Concentrated Extract Volume: 1000 (µL) Date Analyzed: 05/02/03

Injection Volume: 2 (µL) Dilution Factor: 1.00

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

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

Outfall 001B
Sampled 4-2-03
Grab Sample

BNLS736 S31

1D

EPA SAMPLE NO.

16301-001

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: _____ SDG No.: BNLS736

Matrix: (soil/water) WATER Lab Sample ID: 0304125-001B

Sample wt/vol: 1000 (g/mL) ML Lab File ID: A\C23088.D

Level: (low/med) LOW Date Received: 04/03/03

% Moisture: Decanted: (Y/N) N Date Extracted: 04/08/03

Concentrated Extract Volume: 1000 (µL) Date Analyzed: 05/02/03

Injection Volume: 2 (µL) Dilution Factor: 1.00

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

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 4-2-03
Grab Sample

BNLS736 S32

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

16301-001

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS736

Matrix (soil/water): WATER Lab Sample ID: 0304125-001

Level (low/med): LOW Date Received: 4/3/2003

% 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	55.6	B		P
7440-36-0	Antimony	3.5	U		P
7440-38-2	Arsenic	3.2	U		P
7440-39-3	Barium	1.4	U		P
7440-41-7	Beryllium	0.23	B		P
7440-43-9	Cadmium	0.30	U		P
7440-70-2	Calcium	250	B		P
7440-47-3	Chromium	5.2	B		P
7440-48-4	Cobalt	2.1	U		P
7440-50-8	Copper	208			P
7439-89-6	Iron	305			P
7439-92-1	Lead	1.6	B		P
7439-95-4	Magnesium	68.7	B		P
7439-96-5	Manganese	5.2	B		P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	5.3	B		P
7440-09-7	Potassium	69	U		P
7782-49-2	Selenium	3.8	U		P
7440-22-4	Silver	1.0	U		P
7440-23-5	Sodium	2640	B		P
7440-28-0	Thallium	2.5	U		P
7440-62-2	Vanadium	1.8	U		P
7440-66-6	Zinc	12.0	B		P

Outfall 001B
Sampled 4-2-03
Grab Sample

Color Before: COLORLESS Clarity Before: CLEAR Texture: _____

Color After: COLORLESS Clarity After: CLEAR Artifacts: _____

Comments:

Date Reported: 4/24/03

BNLS736 S34

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

16301-002

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS736

Matrix (soil/water): WATER Lab Sample ID: 0304125-002

Level (low/med): LOW Date Received: 4/3/2003

% 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	40.3	B		P
7440-36-0	Antimony	3.5	U		P
7440-38-2	Arsenic	3.2	U		P
7440-39-3	Barium	19.2	B		P
7440-41-7	Beryllium	0.20	U		P
7440-43-9	Cadmium	0.30	U		P
7440-70-2	Calcium	8810			P
7440-47-3	Chromium	11.1			P
7440-48-4	Cobalt	2.1	U		P
7440-50-8	Copper	55.2			P
57-12-5	Cyanide	10	U		CA
7439-89-6	Iron	97.0	B		P
7439-92-1	Lead	11.0			P
7439-95-4	Magnesium	2780	B		P
7439-96-5	Manganese	2.8	B		P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	1.5	U		P
7440-09-7	Potassium	1050	B		P
7782-49-2	Selenium	3.8	U		P
7440-22-4	Silver	2.7	B		P
7440-23-5	Sodium	15500			P
7440-28-0	Thallium	2.5	U		P
7440-62-2	Vanadium	1.8	U		P
7440-66-6	Zinc	172			P

Outfall 001D
Sampled 4-2-03
Grab Sample
Rm. 1-93B

Color Before: COLORLESS Clarity Before: CLEAR Texture: _____

Color After: COLORLESS Clarity After: CLEAR Artifacts: _____

Comments:

Date Reported: 4/24/03

BNLS736 S35

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. : 0304125-002

Client ID. : 16301-002

Sample Information...
Type : Aqueous

Origin:

Collected 4/2/2003 10:20:00 AM
Received 4/3/2003 3:05:00 PM
Collected By CLIENT
Copies To Bob Lee
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Nitrogen, Total	1.6	mg/L	M4500-N C	4/22/2003
Nitrogen, Nitrate-Nitrite	0.21	mg/L	E353.2	4/22/2003 12:10:23 PM
Nitrogen, Ammonia (As N)	1.18	mg/L	E350.1	4/14/2003 3:37:19 PM
Phenolics, Total Recoverable	< 5.0	µg/L	E420.1	4/14/2003 1:40:00 PM
Nitrogen, Kjeldahl, Total	1.43	mg/L	E351.2	4/12/2003 4:38:06 PM

Outfall 001D
Sampled 4-2-03
Grab Sample
Rm. 1-93B

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

Joann M. Slavin
Laboratory Manager

Date Reported : 5/6/2003

BNLS736 S36

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: July 1, 2003

Contact: John Burke
Project: SPDES

Client Sample ID:	17040-003	Project:	BRKL00404
Sample ID:	81673003	Client ID:	BRKL004
Matrix:	Water	COC:	17040
Collect Date:	03-JUN-03 15:19	Samp Recv.:	17040
Receive Date:	05-JUN-03 09:20	Client Desc.:	H-N
Collector:	Client		

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate Time	Batch	Method
Oil & Grease Analysis Federal									
EPA 1664 n-Hexane/Silica Gel Treated HEM(Oil & Grease and TPH)									
Oil and Grease	J	1.51	0.581	5.00	mg/L		RDH1 06/27/03 0807	260116	1
Total Petroleum Hydrocarbons	J	1.18	0.511	4.30	mg/L		RDH1 06/30/03 0810	260117	2

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664	
2	EPA 1664	

Outfall 002
Sampled 6-3-03
Grab Sample

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

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

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

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

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

Reviewed by

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

16313-003

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS737

Matrix (soil/water): WATER Lab Sample ID: 0304129-003

Level (low/med): LOW Date Received: 4/3/2003

% 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	128	B		P
7440-36-0	Antimony	3.5	U		P
7440-38-2	Arsenic	3.2	U		P
7440-39-3	Barium	21.2	B		P
7440-41-7	Beryllium	0.20	U		P
7440-43-9	Cadmium	0.30	U		P
7440-70-2	Calcium	7320			P
7440-47-3	Chromium	3.0	B		P
7440-48-4	Cobalt	2.1	U		P
7440-50-8	Copper	68.9			P
7439-89-6	Iron	143			P
7439-92-1	Lead	1.8	B		P
7439-95-4	Magnesium	3170	B		P
7439-96-5	Manganese	5.6	B		P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	4.1	B		P
7440-09-7	Potassium	2060	B		P
7782-49-2	Selenium	3.8	U	N	P
7440-22-4	Silver	1.0	U		P
7440-23-5	Sodium	43800			P
7440-28-0	Thallium	2.5	U		P
7440-62-2	Vanadium	1.8	U		P
7440-66-6	Zinc	30.3			P

Outfall 002
Sampled 4-2-03
Grab Sample
Total Metals

Color Before: COLORLESS Clarity Before: CLEAR Texture: _____

Color After: COLORLESS Clarity After: CLEAR Artifacts: _____

Comments:

DATE REPORTED 4/24/03

BNLS737 S29

1B

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

16313-003

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS737

Matrix: (soil/water) WATER Lab Sample ID: 0304129-003C

Sample wt/vol: 5 (g/mL) ML Lab File ID: 03\W1561.D

Level: (low/med) LOW Date Received: 04/03/03

% Moisture: not dec. Date Analyzed: 04/15/03

GC Column: R-502.2 ID: .53 (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
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	2.3	B
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	1.2	
75-25-2	Bromoform	8.4	
108-10-1	4-Methyl-2-pentanone	5	U
591-78-6	2-Hexanone	5	U
108-88-3	Toluene	1	U

outfall 002
Sampled 4-2-03
Grab Sample

BNLS737 S26

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

16313-003

Lab Name: H2M LABS, INC. Contract: ____

Lab Code: 10478 Case No.: BNLS SAS No.: ____ SDG No.: BNLS737

Matrix: (soil/water) WATER Lab Sample ID: 0304129-003C

Sample wt/vol: 5 (g/mL) ML Lab File ID: 03\W1561.D

Level: (low/med) LOW Date Received: 04/03/03

% Moisture: not dec. Date Analyzed: 04/15/03

GC Column: R-502.2 ID: .53 (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 002
Sampled 4-2-03
Grab Sample

BNLS737 S27

CHEMTEX

3082 25th Street, Port Arthur, TX 77642
(409) 983-4575 Fax (409) 982-1522

Environmental & Industrial Hygiene Services

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

Attn: ***Mr. B. Lee***

Report Date: 05/01/03

RESULTS OF ANALYSIS

PROJECT: EWMSD

ATTACHMENT I

Outfall 002
Sampled 4-2-03
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				
16312	HN	W	HN	04/02/03	1455	04/04/03		P3040114	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	04/05/03	EPA 365.3	P3040117							
	Inorganic Phosphorus	0.282		0.05	mg/l	04/05/03	EPA 365.3								
	Total Phosphorus	0.315		0.05	mg/l	04/05/03	EPA 365.3								
	Tolyltriazole(TTA)	< 0.005		0.005	mg/l	04/14/03	SOP # O121-049								

Required field under some circumstances (see Att. 2)

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: July 1, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17052-003
Sample ID: 81671003
Matrix: Water
Collect Date: 04-JUN-03 10:40
Receive Date: 05-JUN-03 09:20
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17052
Samp Recv.: 17052
Client Desc.: 1004/1002

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate Time	Batch	Method
Oil & Grease Analysis Federal									
EPA 1664 n-Hexane/Silica Gel Treated HEM(Oil & Grease and TPH)									
Oil and Grease	J	1.52	0.587	5.00	mg/L		RDH1 06/27/03 0807	260116	1
Total Petroleum Hydrocarbons	J	1.30	0.516	4.35	mg/L		RDH1 06/30/03 0810	260117	2

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664	
2	EPA 1664	

Outfall 002B
Sampled 6-4-03
Grab Sample

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

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

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

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

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

Reviewed by

CHEMTEX

Environmental & Industrial Hygiene Services

3082 25th Street, Port Arthur, TX 77642
(409) 983-4575 Fax (409) 982-1522

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

Report Date: 05/01/03

RESULTS OF ANALYSIS

PROJECT: EWMSD

ATTACHMENT I

Outfall 002B
Sampled 4-3-03
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
16312	Bldg 1004/1002	W	Bldg 1004/1002	04/02/03	1430	04/04/03		P3040114	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
	H E D P as Organic Phosphorus	<0.05/ < 0.05*		0.05	mg/l	04/05/03	EPA 365.3	P3040120						
	Inorganic Phosphorus	0.152/ 0.147*		0.05	mg/l	04/05/03	EPA 365.3							
	Total Phosphorus	0.160/ 0.151*		0.05	mg/l	04/05/03	EPA 365.3							
	Tolyltriazole(TTA)	< 0.005		0.005	mg/l	04/14/03	SOP # O121-049							
	* Duplicate Analysis													

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

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: July 1, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17040-004
Sample ID: 81673004
Matrix: Water
Collect Date: 03-JUN-03 15:43
Receive Date: 05-JUN-03 09:20
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17040
Samp Recv.: 17040
Client Desc.: H-S

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Oil & Grease Analysis Federal										
EPA 1664 n-Hexane/Silica Gel Treated HEM(Oil & Grease and TPH)										
Oil and Grease	J	1.18	0.581	5.00	mg/L		RDH1 06/27/03	0807	260116	1
Total Petroleum Hydrocarbons	J	1.08	0.511	4.30	mg/L		RDH1 06/30/03	0810	260117	2

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664	
2	EPA 1664	

Outfall 005
Sampled 6-3-03
Grab Sample

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

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

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

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

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

Reviewed by

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

16313-005

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS737

Matrix (soil/water): WATER Lab Sample ID: 0304129-005

Level (low/med): LOW Date Received: 4/3/2003

% 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	50.7	B		P
7440-36-0	Antimony	3.5	U		P
7440-38-2	Arsenic	3.2	U		P
7440-39-3	Barium	27.3	B		P
7440-41-7	Beryllium	0.20	U		P
7440-43-9	Cadmium	0.30	U		P
7440-70-2	Calcium	13600			P
7440-47-3	Chromium	0.70	U		P
7440-48-4	Cobalt	2.1	U		P
7440-50-8	Copper	3.2	B		P
7439-89-6	Iron	43.1	B		P
7439-92-1	Lead	0.80	U		P
7439-95-4	Magnesium	3840	B		P
7439-96-5	Manganese	2.6	B		P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	1.5	U		P
7440-09-7	Potassium	1600	B		P
7782-49-2	Selenium	3.8	U	N	P
7440-22-4	Silver	1.0	U		P
7440-23-5	Sodium	27400			P
7440-28-0	Thallium	2.5	U		P
7440-62-2	Vanadium	1.8	U		P
7440-66-6	Zinc	13.5	B		P

Outfall 005
Sampled 4-2-03
Grab Sample
Total Metals

Color Before: COLORLESS Clarity Before: CLEAR Texture: _____

Color After: COLORLESS Clarity After: CLEAR Artifacts: _____

Comments:

DATE REPORTED 4/24/03

BNLS737 S32

CHEMTEX

Environmental & Industrial Hygiene Services

3082 25th Street, Port Arthur, TX 77642
(409) 983-4575 Fax (409) 982-1522

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

Attn: ***Mr. B. Lee***

Report Date: 05/01/03

RESULTS OF ANALYSIS

PROJECT: EWMSD

ATTACHMENT 1

Outfall 005
Sampled 4-2-03
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
16312	HS	W	HS	04/02/03	1335	04/04/03		P3040114	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	04/05/03	EPA 365.3	P3040114							
	Inorganic Phosphorus	< 0.05		0.05	mg/l	04/05/03	EPA 365.3								
	Total Phosphorus	< 0.05		0.05	mg/l	04/05/03	EPA 365.3								
	Tolyltriazole(TTA)	< 0.005		0.005	mg/l	04/14/03	SOP # O121-049								

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

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: July 1, 2003

Contact: John Burke
Project: SPDES

Client Sample ID:	17040-001	Project:	BRKL00404
Sample ID:	81673001	Client ID:	BRKL004
Matrix:	Water	COC:	17040
Collect Date:	03-JUN-03 15:35	Samp Recv.:	17040
Receive Date:	05-JUN-03 09:20	Client Desc.:	HT-W
Collector:	Client		

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Oil & Grease Analysis Federal										
EPA 1664 n-Hexane/Silica Gel Treated HEM(Oil & Grease and TPH)										
Oil and Grease	J	1.26	0.568	5.00	mg/L		RDH1 06/27/03	0807	260116	1
Total Petroleum Hydrocarbons	J	1.16	0.500	4.21	mg/L		RDH1 06/30/03	0810	260117	2

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664	
2	EPA 1664	

Outfall 006A
Sampled 6-3-03
Grab Sample

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

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

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

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

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

Reviewed by

CHEMTEX

Environmental & Industrial Hygiene Services

3082 25th Street, Port Arthur, TX 77642
(409) 983-4575 Fax (409) 982-1522

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

Report Date: 05/01/03

RESULTS OF ANALYSIS

PROJECT: EWMSD

ATTACHMENT 1

Outfall 006A
Sampled 4-2-03
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
16312	HT-W	W	HT-W	04/02/03	1513	04/04/03		P3040114	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	04/05/03	EPA 365.3	P3040115							
	Inorganic Phosphorus	< 0.05		0.05	mg/l	04/05/03	EPA 365.3								
	Total Phosphorus	< 0.05		0.05	mg/l	04/05/03	EPA 365.3								
	Tolyltriazole(TTA)	< 0.005		0.005	mg/l	04/14/03	SOP # O121-049								

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

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: July 1, 2003

Contact: John Burke
Project: SPDES

Client Sample ID:	17040-002	Project:	BRKL00404
Sample ID:	81673002	Client ID:	BRKL004
Matrix:	Water	COC:	17040
Collect Date:	03-JUN-03 15:27	Samp Recv.:	17040
Receive Date:	05-JUN-03 09:20	Client Desc.:	HT-E
Collector:	Client		

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate Time	Batch	Method
Oil & Grease Analysis Federal									
EPA 1664 n-Hexane/Silica Gel Treated HEM(Oil & Grease and TPH)									
Oil and Grease	J	1.05	0.568	5.00	mg/L		RDH1 06/27/03 0807	260116	1
Total Petroleum Hydrocarbons	J	0.947	0.500	4.21	mg/L		RDH1 06/30/03 0810	260117	2

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664	
2	EPA 1664	

Outfall 006
Sampled 6-3-03
Grab Sample

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

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

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

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

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

Reviewed by

CHEMTEX

3082 25th Street, Port Arthur, TX 77642
(409) 983-4575 Fax (409) 982-1522

Environmental & Industrial Hygiene Services

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

Attn: ***Mr. B. Lee***

Report Date: 05/01/03

RESULTS OF ANALYSIS

PROJECT: EWMSD

ATTACHMENT 1

Outfall 006B
Sampled 4-2-03
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
16312	HT-E	W	HT-E	04/02/03	1509	04/04/03		P3040114	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	04/05/03	EPA 365.3	P3040116							
	Inorganic Phosphorus	0.151		0.05	mg/l	04/05/03	EPA 365.3								
	Total Phosphorus	0.173		0.05	mg/l	04/05/03	EPA 365.3								
	Tolyltriazole(TTA)	< 0.005		0.005	mg/l	04/14/03	SOP # O121-049								

Required field under some circumstances (see Att 2)

1A

Volatile Organics Analysis Data Sheet

Method 624 (CLP)

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

Analytical Services Lab ID: 23060407-01

Matrix: (soil/water) water

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

Level: (low/med) low

Date Analyzed: 6/17/2003

Lab File ID: 30617B06.D

Dilution Factor: 1

Dilution information: N/A

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

Outfall 008 7-14-03
Sampled 6-4-03
Grab Sample

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: July 1, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17052-001
Sample ID: 81671001
Matrix: Water
Collect Date: 04-JUN-03 10:53
Receive Date: 05-JUN-03 09:20
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17052
Samp Recv.: 17052
Client Desc.: HW

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Oil & Grease Analysis Federal										
EPA 1664 n-Hexane/Silica Gel Treated HEM(Oil & Grease and TPH)										
Oil and Grease	J	1.81	0.574	5.00	mg/L		RDH1 06/27/03	0807	260116	1
Total Petroleum Hydrocarbons	J	1.17	0.505	4.26	mg/L		RDH1 06/30/03	0810	260117	2

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664	
2	EPA 1664	

Outfall 008
Sampled 6-4-03
Grab Sample

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

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

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

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

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

Reviewed by

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

16328-001

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS740

Matrix (soil/water): WATER Lab Sample ID: 0304302-001

Level (low/med): LOW Date Received: 4/9/2003

% 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	1320			P
7440-36-0	Antimony	2.2	U		P
7440-38-2	Arsenic	1.2	U		P
7440-39-3	Barium	11.2	B		P
7440-41-7	Beryllium	0.64	B		P
7440-43-9	Cadmium	0.71	B		P
7440-70-2	Calcium	6600			P
7440-47-3	Chromium	4.8	B		P
7440-48-4	Cobalt	1.4	B		P
7440-50-8	Copper	10	B		P
7439-89-6	Iron	1770			P
7439-92-1	Lead	12.9			P
7439-95-4	Magnesium	2480	B		P
7439-96-5	Manganese	26.1			P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	3.4	B		P
7440-09-7	Potassium	461	B	E	P
7782-49-2	Selenium	2.2	U		P
7440-22-4	Silver	0.40	U		P
7440-23-5	Sodium	18500			P
7440-28-0	Thallium	2.3	U		P
7440-62-2	Vanadium	6.8	B		P
7440-66-6	Zinc	39.8			P

Outfall 008
Sampled 4-8-03
Grab Sample
Total metals

Color Before: BROWN Clarity Before: CLEAR Texture: _____

Color After: COLORLESS Clarity After: CLEAR Artifacts: _____

Comments:

Date Reported: 5/1/03

BNLS740 S26

GENERAL ENGINEERING LABORATORIES, LLC
2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

Certificate of Analysis

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

Report Date: July 1, 2003

Contact: John Burke
Project: SPDES

Client Sample ID: 17052-002
Sample ID: 81671002
Matrix: Water
Collect Date: 04-JUN-03 10:26
Receive Date: 05-JUN-03 09:20
Collector: Client

Project: BRKL00404
Client ID: BRKL004
COC: 17052
Samp Recv.: 17052
Client Desc.: CSF

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Oil & Grease Analysis Federal										
EPA 1664 n-Hexane/Silica Gel Treated HEM(Oil & Grease and TPH)										
Oil and Grease	J	1.10	0.593	5.00	mg/L		RDH1 06/27/03	0807	260116	1
Total Petroleum Hydrocarbons	J	1.10	0.522	4.40	mg/L		RDH1 06/30/03	0810	260117	2

The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664	
2	EPA 1664	

outfall 010
Sampled 6-4-03
Grab Sample

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

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

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

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

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

Reviewed by

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

16328-003

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS740

Matrix (soil/water): WATER Lab Sample ID: 0304302-003

Level (low/med): LOW Date Received: 4/9/2003

% 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	3150			P
7440-36-0	Antimony	2.2	U		P
7440-38-2	Arsenic	1.2	U		P
7440-39-3	Barium	27.0	B		P
7440-41-7	Beryllium	0.11	B		P
7440-43-9	Cadmium	0.19	B		P
7440-70-2	Calcium	29200			P
7440-47-3	Chromium	3.8	B		P
7440-48-4	Cobalt	2.2	B		P
7440-50-8	Copper	14.9	B		P
7439-89-6	Iron	3600			P
7439-92-1	Lead	8.6			P
7439-95-4	Magnesium	4620	B		P
7439-96-5	Manganese	57.6			P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	7.2	B		P
7440-09-7	Potassium	4380	B	E	P
7782-49-2	Selenium	2.2	U		P
7440-22-4	Silver	0.40	U		P
7440-23-5	Sodium	388000			P
7440-28-0	Thallium	2.3	U		P
7440-62-2	Vanadium	12.2	B		P
7440-66-6	Zinc	50.7			P

Outfall 010
Grab Sample
Sampled 4-8-03
Total (Unfiltered)
Metals

Color Before: BROWN Clarity Before: CLEAR Texture: _____

Color After: COLORLESS Clarity After: CLEAR Artifacts: _____

Comments:

Date Reported: 5/1/03

BNLS740 S29

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

17007-001

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS749

Matrix (soil/water): WATER Lab Sample ID: 0305673-001

Level (low/med): LOW Date Received: 5/23/2003

% 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	1190			P
7440-36-0	Antimony	2.2	U		P
7440-38-2	Arsenic	1.2	U		P
7440-39-3	Barium	13.8	B		P
7440-41-7	Beryllium	0.52	B		P
7440-43-9	Cadmium	0.65	B		P
7440-70-2	Calcium	11800			P
7440-47-3	Chromium	1.8	B		P
7440-48-4	Cobalt	1.1	B		P
7440-50-8	Copper	9.2	B		P
7439-89-6	Iron	1270			P
7439-92-1	Lead	7.6			P
7439-95-4	Magnesium	1170	B		P
7439-96-5	Manganese	23.9			P
7439-97-6	Mercury	0.10	U		CV
7440-02-0	Nickel	9.7	B		P
7440-09-7	Potassium	593	B	E	P
7782-49-2	Selenium	2.2	U		P
7440-22-4	Silver	0.40	U		P
7440-23-5	Sodium	3800	B		P
7440-28-0	Thallium	2.3	U		P
7440-62-2	Vanadium	13.9	B		P
7440-66-6	Zinc	22.4		E	P

Outfall 010
Sampled 5-22-03
Grab Sample
Total metals.

Color Before: YELLOW Clarity Before: CLEAR Texture: _____

Color After: COLORLESS Clarity After: CLEAR Artifacts: _____

Comments:

DATE REPORTED 6/3/03

BNLS749 S18

ATTACHMENT IV

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JUNE 2003

NON-COMPLIANCE REPORTS

Appendix B

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: DEC Water Contact R. Sorrentino **DEC Region:** _____

Report Type: ___ 5 Day X Permit Violation ___ Order Violation ___ Anticipated Noncompliance ___ Bypass/Overflow ___ Other

SECTION 2

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

Date of noncompliance: 4 / 8 / 03 **Location** (Outfall, Treatment Unit, or Pump Station): 010

Description of noncompliance(s) and cause(s): The total aluminum concentration at outfall 010 was 3.15 mg/L, which exceeds the permit level of 2.0 mg/L. A filtered sample was also collected at the same time with an aluminum concentration of 0.14 mg/L. Therefore, the excursion is due to sediment entrained within the storm water system.

Has event ceased? (Yes) (No) **If so, when?** 5/22/03 **Was event due to plant upset?** (Yes) (No) **SPDES limits violated?** (Yes) (No)

Start date, time of event: 4 / 8 / 03, 10 :50 (AM) (PM) **End date, time of event:** 5 / 22 / 03, 2 :04 (AM) (PM)

Date, time oral notification made to DEC? ___ / ___ / ___, ___ : ___ (AM) (PM) **DEC Official contacted:** _____

Immediate corrective actions: None

Preventive (long term) corrective actions: The Laboratory will be cleaning upstream manholes to remove accumulated sediments as part of a plan to mitigate discharges of lead to this outfall. By removing these sediments future excursions should be minimized.

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 #:** (___) ___ - ___

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.

X _____

Signature of Principal Executive Officer or Authorized Agent

Appendix B

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: DEC Water Contact R. Sorrentino **DEC Region:** _____

Report Type: ___ 5 Day X Permit Violation ___ Order Violation ___ Anticipated Noncompliance ___ Bypass/Overflow ___ Other

SECTION 2

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

Date of noncompliance: 6 / 2 / 03 **Location (Outfall, Treatment Unit, or Pump Station):** 001

Description of noncompliance(s) and cause(s): The percent removal for BOD-5 was calculated at >80 percent for the month of June. Broken down on a daily basis compliance was sporadic starting with a 30 percent removal on 6/2/03 increasing to >88 percent on 6/6/03. The percent removal decreased to 50 percent on 6/23 and finally increasing to >98 percent on 6/27/03. The effluent to outfall

Has event ceased? (Yes) (No) **If so, when?** 6/27/03 **Was event due to plant upset?** (Yes) (No) **SPDES limits violated?** (Yes) (No)

Start date, time of event: 6 / 2 / 03, 12:22 (AM) (PM) **End date, time of event:** 6 / 27 /03, 11 : 02 (AM) (PM)

Date, time oral notification made to DEC? / / , : (AM) (PM) **DEC Official contacted:** _____

Immediate corrective actions: None

Preventive (long term) corrective actions: There is great uncertainty in many of the BOD-5 results due to dilution problems at the analytical laboratories, incorrect descriptions on the chain-of-custody low confidence in the proper mixing of samples before placing in the bottles for laboratory analysis and the dilute concentration of the STP influent. Laboratory sampling and chain-of-custody procedures will be reviewed.

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 #:** ( ) -

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.

X _____

Signature of Principal Executive Officer or Authorized Agent

001 met all permit requirements for BOD-5 concentration.