M. A II/OCCD

Environmental and Waste Management Services

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

BROOKHAVEN
NATIONAL LABORATORY

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

June 20, 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 May 2003

Included as Attachment I, please find the DMR for the month of May 2003. Chemical analyses for the reported parameters are conducted by NYS Department of Health certified laboratories. As of May 1, 2003, the BNL Analytical Services Laboratory is now performing the metals and volatile organic compound analyses on all SPDES samples. Copies of the analytical reports are contained in Attachments II and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of May 2003.

On June 18, 2003, acrylic latex paint was discovered discharging from the rainwater downspouts of a trailer attached to Building 830. The paint had been applied to the building's roof on June 17, 2003, and had not cured before being exposed to rainfall that evening. R. Sorrentino of the NYSDEC was contacted to determine if any further action was needed. As a result the Laboratory has agreed to remove any residual material from the downspouts. This will be coordinated through the Plant Engineering Waste Management Representative.

NSF
REGISTERED TO
ISO 14001: 1996

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 June 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 May 2003.

Attachment II: Analytical Results from H2M Labs, Inc. and the BNL Analytical Services Laboratory for samples collected on 5/5/03 and 5/8/03 from Outfall 001.

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

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

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for May 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).

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR MAY 2003

FOR OUTFALLS NO. 001 – 010

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	001 M Discharge Number

PROCESS SANIT & STORMWTR RNOFF

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DY	YR	MO	DY
03	05	01	03	05	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	64	(15)	0	01/01	GR
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	90 DAILY MX	DEG.F		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	< 2	2	(19)	0	02/30	24
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		6.3	******	6.5	(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	SAMPLE MEASUREMENT	******	******		******	< 4	< 4	(19)	0	02/30	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	******	******		******	******	3.2	(19)	0	02/30	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	02/30	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 SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	001 M Discharge Number

PROCESS SANIT & STORMWTR RNOFF

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DY	YR	MO	DY
03	05	01	03	05	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	1.3	(19) MG/L	0	02/30	24
	PERMIT REQUIREMENT	******	******			******	REPORT DAILY MX			ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	< 10	(28) UG/L	0	02/30	GR
	PERMIT REQUIREMENT	******	******			******	100 DAILY MX			TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.037	(19) MG/L	0	02/30	24
	PERMIT REQUIREMENT	******	******			******	0.15 DAILY MX			ONCE/MONTH	COMP24
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.14	(19) MG/L	0	02/30	24
	PERMIT REQUIREMENT	******	******		******	******	0.37 DAILY MX			ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.0015	(19) MG/L	0	02/30	24
	PERMIT REQUIREMENT	******	******		******	******	0.019 DAILY MX			ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI) 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	< 0.004	(19) MG/L	0	02/30	24
	PERMIT REQUIREMENT	******	******		******	******	0.11 DAILY MX			ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG) 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.0011	(19) MG/L	0	02/30	24
	PERMIT REQUIREMENT	******	******		******	******	0.015 DAILY MX			ONCE/MONTH	COMP24

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

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

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

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

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

MAJOR

NY0005835 Permit Number	001 M Discharge Number

(SUBR 01)
F - FINAL

Monitoring Period					
From			To		
YR	MO	DY	YR	MO	DY
03	05	01	03	05	31

PROCESS SANIT & STORMWTR RNOFF

*** No Discharge ☐ ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	******	0.05	(19)	0	02/30	24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.1 DAILY MX	MG/L		ONCE/MONTH	COMP24
TOLUENE	SAMPLE MEASUREMENT	******	******		******	******	< 2	(28)	0	02/30	GR
34010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	******	******		******	******	< 2	(28)	0	02/30	GR
34423 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	******	******		******	******	< 2	(28)	0	02/30	GR
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.45	0.55	(03)	******	******	******		0	99/99	RC
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******	******	< 0.0001	(19)	0	02/30	24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.0008 DAILY MX	MG/L		ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	< 2	< 2	(13)	0	02/30	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	200 DAILY AV	400 DAILY MX	#/ 100ML		ONCE/MONTH	GRAB

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

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

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

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

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

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

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

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	001 M Discharge Number

Monitoring Period					
From			To		
YR	MO	DY	YR	MO	DY
03	05	01	03	05	31

PROCESS SANIT & STORMWTR RNOFF
*** No Discharge ☐ ****

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2-BUTANONE	SAMPLE MEASUREMENT	******	******		******	******	< 2	(28)	0	02/30	GR
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	50 DAILY MX	UG/L		TWICE/MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		> 97	******	******	(23)	0	01/30	CA
81010 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO AV MN	******	******	PERCENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		> 94	******	******	(23)	0	01/30	CA
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO AV MN	******	******	PERCENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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

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

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

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	DY	YR	MO	DY
03	05	01	03	05	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	******	******	(07)	7.5	******	8.5	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	GPD	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	0.0015	(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										

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

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

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCARGE SHOULD BE TO NEW BASIN.

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

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

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

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

NY0005835 Permit Number	002 M Discharge Number

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DY	YR	MO	DY
03	05	01	03	05	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	******	******		7.6	******	8.2	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	5.1	******	(03)	******	******	******		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	MGD	******	******	******	**** ****		ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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

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

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

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

MAJOR
(SUBR 01)
F - FINAL

NY0005835 Permit Number	005 M Discharge Number

NSLS COOLING TOWR BLDN ETC(HS)

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DY	YR	MO	DY
03	05	01	03	05	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	******	******		7.6	******	8.3	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.2	******	(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	007 M Discharge Number

WATER TREATMENT PLT BKWSH (HX)

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DY	YR	MO	DY
03	05	01	03	05	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	******	280000	(07)	******	******	******		0	22/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******			ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.3	******	7.3	(12)	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	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
STORMWTR RUNOFF WAREHOUSE (HW)

NY0005835 Permit Number	008 M Discharge Number

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DY	YR	MO	DY
03	05	01	03	05	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 2	SAMPLE MEASUREMENT	******	3300	(07)	******	******	******		0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.7	******	7.7	(12)	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****		******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	******	******		******	******	< 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 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)

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	DY	YR	MO	DY
03	05	01	03	05	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 2	SAMPLE MEASUREMENT	******	25200	(07)	******	******	******		0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.2	(12)	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

NY0005835 Permit Number	06A M Discharge Number

(SUBR 01)

F - FINAL

LINAC NCCW, FLOOR DNS,ETC(HT1)

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DY	YR	MO	DY
03	05	01	03	05	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	******	******		7.8	******	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	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.19	******	(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
COOLING TOWR FROM 919 ETC(HT2)

NY0005835 Permit Number	06B M Discharge Number

*** No Discharge ☐ ****

Monitoring Period					
From			To		
YR	MO	DY	YR	MO	DY
03	05	01	03	05	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	******	******		7.7	******	8.2	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.58	******	(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.

ATTACHMENT II

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR MAY 2003

ANALYTICAL RESULTS FROM H2M LABS, INC. AND

BNL ANALYTICAL SERVICES LABORATORY

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

5/5/03 AND 5/8/03

FROM OUTFALL 001

H2M LABS, INC.

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

LABORATORY RESULTS

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

Lab No. : 0305095-001

Client ID. : 16412-001

Sample Information...
Type : Aqueous

Origin:

Collected 5/5/2003 11:30:00 AM
Received 5/5/2003 3:35:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 2	mg/L	E405.1	5/7/2003 8:23:00 AM
Nitrogen, Total	2.5	mg/L	M4500-N C	5/19/2003
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	5/18/2003 1:42:12 PM
Nitrite as N	0.02	mg/L	E353.2	5/6/2003 7:26:12 PM
Nitrate as N	2.36	mg/L	E353.2	5/6/2003 6:44:40 PM
Phosphorus, Total (As P)	1.34	mg/L	E365.2	5/13/2003 2:02:00 PM
Nitrogen, Kjeldahl, Total	0.16	mg/L	E351.2	5/17/2003 5:58:29 PM
Suspended Solids	< 4	mg/L	E160.2	5/6/2003 8:33:00 AM

Outfall 001
Sampled 5-5-03
24 Hr. Composite

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

Joann M. Slavin
Laboratory Manager

Date Reported : 5/27/2003

BNLS745 S24

H2M LABS, INC.

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

LABORATORY RESULTS

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

Lab No. : **0305224-001**

Client ID. : 16426-001

Sample Information...
Type : Aqueous

Origin:

Collected 5/8/2003 10:30:00 AM
Received 5/8/2003 3:40:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	2	mg/L	E405.1	5/9/2003 10:09:00 AM
Nitrogen, Total	3.2	mg/L	M4500-N C	5/19/2003
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	5/18/2003 1:44:44 PM
Nitrite as N	< 0.01	mg/L	E353.2	5/8/2003 7:46:39 PM
Nitrate as N	2.92	mg/L	E353.2	5/10/2003 12:35:59 PM
Phosphorus, Total (As P)	1.25	mg/L	E365.2	5/13/2003 2:05:00 PM
Nitrogen, Kjeldahl, Total	0.30	mg/L	E351.2	5/17/2003 6:00:29 PM
Suspended Solids (Residue, Non-Filterable)	< 4	mg/L	E160.2	5/9/2003 10:04:00 AM

Outfall 001
Sampled 5-8-03
24 Hr. Composite

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

Joann M. Slavin
Laboratory Manager

Date Reported : 5/27/2003

BNLS745 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
70 Bell Ave.
Upton, NY 11973
Attn To : S. SCARPITTA

Lab No. : 0305095-002

Client ID. : 16412-002

Sample Information...
Type : Aqueous

Origin:

Collected 5/5/2003 1:30:00 PM
Received 5/5/2003 3:35:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Fecal Coliform	< 2	MPN	M9221 C	5/5/2003 4:00:00 PM

Outfall 001
Sampled 5-5-03
Grab Sample

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

Joann M. Slavin

Laboratory Manager

Date Reported : 5/27/2003

BNLS745 S26

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

LABORATORY RESULTS

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

Lab No. : 0305224-002

Client ID. : 16426-002

Sample Information...
Type : Aqueous

Origin:

Collected 5/8/2003 1:30:00 PM
Received 5/8/2003 3:40:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Fecal Coliform	< 2	MPN	M9221 C	5/8/2003 4:00:00 PM

Outfall 001
Sampled 5-8-03
Grab Sample

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

Joann M. Slavin
Laboratory Manager

Date Reported : 5/27/2003

BNLS745 S31

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

16412-002

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS745

Matrix (soil/water): WATER Lab Sample ID: 0305095-002

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

% Solids: 0.0

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

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

Outfall 001
Sampled 5-5-03
Grab Sample

Comments:
DATE REPORTED 5/28/03

FORM I - IN ILM04.1

BNLS745 S25

U.S. EPA - CLP

1

INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

16426-002

Lab Name: H2M LABS, INC. Contract:

Lab Code: 10478 Case No. SAS No.: SDG No.: BNLS745

Matrix (soil/water): WATER Lab Sample ID: 0305224-002

Level (low/med): LOW Date Received: 5/8/2003

% Solids: 0.0

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

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

Outfall 001
Sampled 5-8-03
Grab Sample

Comments:

DATE REPORTED 5/28/03

FORM I - IN ILM04.1

BNLS745 S30

NYSDEC - ASP
1
INORGANIC ANALYSIS DATA SHEET

Lab Name:	Brookhaven National Laboratory - ASL		**SAMPLE NO.** 16413-001
Lab Code:			
Matrix:	Water	**C.O.C.#:**	16413
Level:		**Lab sample ID:**	2305050501
		Date Rcvd.:	5/5/03

Concentration Units: (ug/L)

CAS NO.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	18.2	B		ICP/MS
7440-36-0	Antimony	6	U		ICP/MS
7440-38-2	Arsenic	3.2			ICP/MS
7440-39-3	Barium	17.8	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	1.3	B		ICP/MS
7440-48-4	Cobalt	5.0	U		ICP/MS
7440-50-8	Copper	28.9			ICP/MS
7439-89-6	Iron	129	B		AA
7439-92-1	Lead	1.5			ICP/MS
7439-96-5	Manganese	5.1			ICP/MS
7439-97-6	Mercury	0.1	U		CV
7439-98-7	Molybdenum	89.1			ICP/MS
7440-02-0	Nickel	4	U		ICP/MS
7782-49-2	Selenium	11.6			ICP/MS
7440-22-4	Silver	1.1			ICP/MS
7440-23-5	Sodium	29210			AA
7440-28-0	Thallium	1.0	U		ICP/MS
7440-62-2	Vanadium	5.0	U		ICP/MS
7440-66-6	Zinc	50.3			ICP/MS

Outfall 001
Sampled 5-5-03
24 hr. Composite

NYSDEC - ASP
1
INORGANIC ANALYSIS DATA SHEET

Lab Name:	Brookhaven National Laboratory - ASL	SAMPLE NO.	16425-001
Lab Code:			
Matrix:	Water	C.O.C.#:	16425
Level:		Lab sample ID:	2305080701
		Date Rcvd.:	5/8/03

Concentration Units: (ug/L)

CAS NO.	Analyte	Concentration	C	Q	M
7429-90-5	Aluminum	13.9	B		ICP/MS
7440-36-0	Antimony	6	U		ICP/MS
7440-38-2	Arsenic	3.4	B		ICP/MS
7440-39-3	Barium	24.6	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	8.9	B		ICP/MS
7440-48-4	Cobalt	5.0	U		ICP/MS
7440-50-8	Copper	37.0			ICP/MS
7439-89-6	Iron	143			AA
7439-92-1	Lead	1.5			ICP/MS
7439-96-5	Manganese	4.0	B		ICP/MS
7439-97-6	Mercury	0.1	U		CV
7439-98-7	Molybdenum	150			ICP/MS
7440-02-0	Nickel	4	U		ICP/MS
7782-49-2	Selenium	13.5			ICP/MS
7440-22-4	Silver	1.1	B		ICP/MS
7440-23-5	Sodium	43640			AA
7440-28-0	Thallium	1.0	U		ICP/MS
7440-62-2	Vanadium	5.0	U		ICP/MS
7440-66-6	Zinc	54.4			ICP/MS

Outfall 001
Sampled 5-8-03
24 hr. 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: 23050505-02

Matrix: (soil/water) water

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

Level: (low/med) low

Date Analyzed: 5/8/2003

Lab File ID: 30508B14.D

Dilution Factor: 1

Dilution information: N/A

Outfall 001
Sampled
5-5-03
Grab
Sample

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

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: 23050807-02

Matrix: (soil/water) water

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

Level: (low/med) low

Date Analyzed: 5/12/2003

Lab File ID: 30512B14.D

Dilution Factor: 1

Dilution information: N/A

Outfall 001
Sampled
5-8-03
Grab
Sample

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

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. : **0305095-003**

Client ID. : 16412-003

Sample Information...
Type : Aqueous

Origin:

Collected 5/5/2003 11:45:00 AM
Received 5/5/2003 3:35:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	24	mg/L	E405.1	5/7/2003 8:25:00 AM
Suspended Solids	27	mg/L	E160.2	5/6/2003 8:35:00 AM

STP Influent
Sampled 5-5-03
24 Hr. Composite

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

Date Reported : 5/27/2003

Joann M. Slavin
Laboratory Manager

BNLS745 S27

ATTACHMENT III

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR MAY 2003

ANALYTICAL RESULTS FROM H2M LABS INC. AND

THE BNL ANALYTICAL SERVICES LABORATORY

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

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

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. : 0305225-003

Client ID. : 16417-003

Sample Information...
Type : Aqueous

Origin:

Collected 5/6/2003 10:33:00 AM
Received 5/8/2003 3:40:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	5/12/2003 8:30:00 AM

Outfall 002
Sampled 5-6-03
Grab Sample

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

Joann M. Slavin
Laboratory Manager

Date Reported : 5/14/2003

BNLS746 S15

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. : 0305225-005

Client ID. : 16417-005

Sample Information...
Type : Aqueous

Origin:

Collected 5/6/2003 10:43:00 AM
Received 5/8/2003 3:40:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	5/12/2003 8:40:00 AM

Outfall 002B
Sampled 5-6-03
Grab Sample

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

Joann M. Slavin
Laboratory Manager

Date Reported : 5/14/2003

BNLS746 S17

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. : 0305225-004

Client ID. : 16417-004

Sample Information...
Type : Aqueous

Origin:

Collected 5/6/2003 11:03:00 AM
Received 5/8/2003 3:40:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	5/12/2003 8:35:00 AM

Outfall 005
Sampled 5-6-03
Grab Sample

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

Date Reported : 5/14/2003

Joann M. Slavin
Laboratory Manager

BNLS746 S16

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. : 0305225-001

Client ID. : 16417-001

Sample Information...
Type : Aqueous

Origin:

Collected 5/6/2003 10:52:00 AM
Received 5/8/2003 3:40:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	5/12/2003 8:20:00 AM

Outfall 002A
Sampled 5-6-03
Grab Sample

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

Joann M. Slavin
Laboratory Manager

Date Reported : 5/14/2003

BNLS746 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. : 0305225-002

Client ID. : 16417-002

Sample Information...
Type : Aqueous

Origin:

Collected 5/6/2003 10:49:00 AM
Received 5/8/2003 3:40:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	5/12/2003 8:25:00 AM

Outfall 006B
Sampled 5-6-03
Grab Sample

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

Joann M. Slavin

Laboratory Manager

Date Reported : 5/14/2003

BNLS746 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. : 0305225-006

Client ID. : 16417-006

Sample Information...
Type : Aqueous

Origin:

Collected 5/6/2003 11:15:00 AM
Received 5/8/2003 3:40:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	5/12/2003 8:45:00 AM

Outfall 008
Sampled 5-6-03
Grab Sample

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

Joann M. Slavin

Laboratory Manager

Date Reported : 5/14/2003

BNLS746 S18

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: 23050603-01

Matrix: (soil/water) water

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

Level: (low/med) low

Date Analyzed: 5/8/2003

Lab File ID: 30508B11.D

Dilution Factor: 1

Dilution information: N/A

Outfall 008
Sampled
5-6-03
Grab
Sample

Concentration Units: (ug/L or ug/Kg) ug/L

CAS No.	Compound		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

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. : **0305673-001**

Client ID. : 17007-001

Sample Information...
Type : Aqueous

Origin:

Collected 5/22/2003 2:04:00 PM
Received 5/23/2003 3:30:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	5/27/2003 10:35:00 AM

outfall 010
Sampled 5-22-03
Grab Sample

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

Date Reported : 6/4/2003

Joann M. Slavin
Laboratory Manager

BNLS749 S19