

BROOKHAVEN
NATIONAL LABORATORY

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

May 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 April 2003

Included as Attachment I, please find the DMR for the month of April 2003. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

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

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



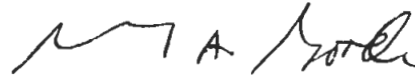
REGISTERED TO
ISO 14001: 1996



NSF's Registration Program
is accredited by the American
National Standards Institute
Registration Accreditation Board

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 May 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 April 2003.

Attachment II: Analytical Results from H2M Labs for samples collected on 4/3/03 and 4/7/03 from Outfall 001.

Attachment III: Analytical Results from H2M Labs 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 April 2003
Discharge Monitoring Report Notes:

1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
2. The analyte was found in the associated blank as well as the sample.
3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
4. 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 APRIL 2003
FOR OUTFALLS NO. 001 - 010

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

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

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

001 M Discharge Number	001 M Discharge Number
Permit Number	Permit Number
Monitoring Period	
From	To
YR MO DY YR MO DY	YR MO DY YR MO DY
03 04 01 03 04 30	03 04 01 03 04 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
TEMPERATURE, WATER DEG. FAHRENHEIT	*****	*****	*****	*****	*****	61	(15)	0	01/01	GR
00011 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	90	DEG.F	0	DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	*****	2	(19)	0	02/30	24
00310 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	10	MG/L	0	ONCE/MONTH	COMP24
PH	*****	*****	*****	*****	*****	6.2	(12)	0	01/01	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	9.0	SU	0	DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	< 4	(19)	0	02/30	24
00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	10	MG/L	0	ONCE/MONTH	COMP24
SOLIDS, SETTLEABLE	*****	*****	*****	*****	*****	0.0	(25)	0	01/01	GR
00545 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.1	ML/L	0	DAILY	GRAB
NITROGEN, TOTAL (AS N)	*****	*****	*****	*****	*****	2.8	(19)	0	02/30	24
00600 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	10	MG/L	0	ONCE/MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	< 0.10	(19)	0	02/30	24
00610 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	2	MG/L	0	ONCE/MONTH	COMP24

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Area Group Manager	Signature of Principal Executive Officer or Authorized Agent
Telephone 631-344-3424	Date Signed

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
 *** No Discharge ****

NY0005835 (001 M) Discharge Number

Monitoring Period
 From To
 YR MO DY YR MO DY
 03 04 01 03 04 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			
PHOSPHORUS, TOTAL (AS P)	*****	*****	****	*****	*****	0	02/30	24
00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	0	ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN)	*****	*****	****	*****	*****	0	02/30	GR
00720 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	0	TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU)	*****	*****	****	*****	*****	0	02/30	24
01042 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	0	ONCE/MONTH	COMP24
IRON, TOTAL (AS FE)	*****	*****	****	*****	*****	0	02/30	24
01045 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	0	ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB)	*****	*****	****	*****	*****	0	02/30	24
01051 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	0	ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI)	*****	*****	****	*****	*****	0	02/30	24
01067 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	0	ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG)	*****	*****	****	*****	*****	0	02/30	24
01077 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	0	ONCE/MONTH	COMP24

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.

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

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 EXFIL T FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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

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

NY0005835	001 M	Discharge Number
Permit Number		
Monitoring Period		
From	To	
YR MO DY YR MO DY	MO DY	MO DY
03 04 01 03 04 30	04 30	

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
ZINC, TOTAL (AS ZN)	*****	*****	*****	*****	0.05	0	02/30	24
01092 1 0 0	*****	*****	*****	*****	0.1 DAILY MX		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 1	0	02/30	GR
TOLUENE	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
34010 1 0 0	*****	*****	*****	*****	2.4	0	02/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
METHYLENE CHLORIDE	*****	*****	*****	*****	< 1	0	02/30	GR
See Note 2	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
34423 1 0 0	*****	*****	*****	*****	< 1	0	02/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	*****	*****	*****	*****	< 1	0	02/30	GR
34506 1 0 0	*****	*****	*****	*****	5 DAILY MX		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 1	0	02/30	GR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.44	0.56	*****	*****	*****	0	99/99	RC
50050 1 0 0	REPORT	2.3	*****	*****	*****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	DAILY AV	DAILY MX	*****	*****	*****	0	02/30	24
MERCURY, TOTAL (AS HG)	*****	*****	*****	*****	0.0003	0	02/30	24
71900 1 0 0	*****	*****	*****	*****	0.0008 DAILY MX		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 2	0	02/30	GR
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	200 DAILY AV		ONCE/MONTH	GRAB
74055 1 0 0	*****	*****	*****	*****	400 DAILY MX		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 2	0	02/30	GR
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.							
Mr. Michael Holland Area Group Manager								
Typed or Printed	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 EXFIL 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
 PROCESS SANIT & STORMWTR RNOFF
 *** No Discharge

NY0005835	001 M	Discharge Number
Monitoring Period		
From	To	
YR MO DY YR MO DY	MO DY	MO DY
03 04 01 03 04 30		

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
2-BUTANONE	*****	*****	*****	*****	< 5	0	02/30	GR
78356 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	50 DAILY MX		TWICE/MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL	*****	*****	> 96	*****	*****	0	01/30	CA
81010 K 0 0 PERCENTREMOVAL	*****	*****	85 MO AV MN	*****	*****		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	> 91	*****	*****	0	01/30	CA
81011 K 0 0 PERCENT REMOVAL	*****	*****	85 MO AV MN	*****	*****		ONCE/MONTH	CALCTD

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	Comments and Explanation of any violations (Reference all attachments here)	Date Signed
	Signatures of Principal Executive Officer or Authorized Agent	

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 EXFILTR FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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

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

Permit Number 002 M
Discharge Number

Monitoring Period
 From To
 YR MO DY YR MO DY
 03 04 01 03 04 30

*** 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			
PH	*****	*****		7.4	*****	8.2	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM		ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	****	*****	*****	< 5.0	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	15 DAILY MX		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.21	*****	(03)	*****	*****	*****	0	05/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	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

Signature of Principal Executive Officer or Authorized Agent

Telephone
 631-344-3424

Date Signed

Comments and Explanation of any violations (Reference all attachments here)
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS. SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

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

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

Permit Number NY0005835
Discharge Number 005 M
Monitoring Period From 03 | 04 | 01 | 03 | 04 | 30 To 03 | 04 | 01 | 03 | 04 | 30

MAJOR (SUBR 01) F - FINAL
NLSL COOLING TOWR BLDN 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	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****	6.3	*****	8.4	(12)	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	15 DAILY MX	MG/L	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.23	*****	*****	*****	*****	*****	0	05/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	*****	*****	*****	*****	0	ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								

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.

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

Signature of Principal Executive Officer or Authorized Agent

Telephone: 631-344-3424

Date Signed

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

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

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

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

008 M Discharge Number
 Permit Number
 Monitoring Period
 From To
 YR MO DY YR MO DY
 03 04 01 03 04 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			
FLOW RATE	*****	41100	(07)	*****	*****	*****	0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	GPD	*****	*****	*****	0	ONCE/MONTH	INSTAN
PH	*****	*****		7.9	*****	7.9	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	8.5 MAXIMUM	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	*****	< 5.0	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	15 DAILY MX	0	ONCE/MONTH	GRAB
1,1-DICHLOROETHYLENE	*****	*****	*****	*****	*****	< 1	0	01/30	GR
34501 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	5 DAILY MX	0	ONCE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	*****	*****	*****	*****	*****	< 1	0	01/30	GR
34506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	5 DAILY MX	0	ONCE/MONTH	GRAB
MEASUREMENT PERMIT REQUIREMENT									
MEASUREMENT PERMIT REQUIREMENT									
MEASUREMENT PERMIT REQUIREMENT									

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.

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

Signature of Principal Executive Officer or Authorized Agent

Telephone
 631-344-3424

Date Signed

Comments and Explanation of any violations (Reference all attachments here)
 PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING A STORM EVENT. (IF NO DISCHARGE, ENTER AN "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME U S D O E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 BROOKHAVEN AREA OFFICE NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

MAJOR
(SUBR 01)
F - FINAL

Discharge Number
 LINAC NCCW, FLOOR DNS,ETC(HT1)
 *** No Discharge

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
PH	*****	*****	6.8	*****	8.1	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	< 5.0	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	15 DAILY MX	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.07	*****	*****	*****	*****	0	05/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	*****	*****	*****	0	ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT PERMIT REQUIREMENT							

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.

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

Signature of Principal Executive Officer or Authorized Agent

Telephone
 631-344-3424

Date Signed

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

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

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

MAJOR

Permit Number NY0005835
Discharge Number 06B M (SUBR 01)
F - FINAL

Monitoring Period
From YR MO DY YR MO DY To YR MO DY YR MO DY
03 04 01 03 04 30

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

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****	7.5	*****	8.2	(12)	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	.15 DAILY MX	MG/L	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.37	*****	*****	*****	*****		0	05/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	*****	*****	*****	MGD	0	ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT PERMIT REQUIREMENT								

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area Group Manager
Telephone 631-344-3424
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 APRIL 2003
ANALYTICAL RESULTS FROM H2M LABS, INC.
FOR REGULATORY COMPLIANCE SAMPLES COLLECTED
4/3/03 AND 4/7/03
FROM OUTFALL 001

U.S. EPA - CLP

1
INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

16315-001

Lab Name: H2M LABS, INC.

Contract:

Lab Code: 10478

Case No.

SAS No.:

SDG No.: BNLS735

Matrix (soil/water): WATER

Lab Sample ID: 0304124-001

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	70.0	B		P
7440-36-0	Antimony	3.5	U		P
7440-38-2	Arsenic	3.2	U		P
7440-39-3	Barium	14.8	B		P
7440-41-7	Beryllium	0.20	U		P
7440-43-9	Cadmium	0.42	B		P
7440-70-2	Calcium	8620			P
7440-47-3	Chromium	1.3	B		P
7440-48-4	Cobalt	2.1	U		P
7440-50-8	Copper	55.0			P
7439-89-6	Iron	283			P
7439-92-1	Lead	3.1			P
7439-95-4	Magnesium	2540	B		P
7439-96-5	Manganese	4.8	B		P
7439-97-6	Mercury	0.16	B		CV
7440-02-0	Nickel	2.8	B		P
7440-09-7	Potassium	3930	B	E	P
7782-49-2	Selenium	3.8	U		P
7440-22-4	Silver	1.7	B		P
7440-23-5	Sodium	36000		E	P
7440-28-0	Thallium	2.5	U		P
7440-62-2	Vanadium	2.1	B		P
7440-66-6	Zinc	49.8			P

*Outfall 001
Sampled 4-3-03
24 hr. Composite*

Color Before: YELLOW Clarity Before: CLEAR

Texture: _____

Color After: COLORLESS Clarity After: CLEAR

Artifacts: _____

Comments:

Date Reported: 4/17/03

U.S. EPA - CLP

1
INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

16329-001

Lab Name: H2M LABS, INC.

Contract:

Lab Code: 10478 Case No.

SAS No.:

SDG No.: BNLS735

Matrix (soil/water): WATER

Lab Sample ID: 0304212-001

Level (low/med): LOW

Date Received: 4/7/2003

% 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	55.1	B		P
7440-36-0	Antimony	3.5	U		P
7440-38-2	Arsenic	3.2	U		P
7440-39-3	Barium	14.0	B		P
7440-41-7	Beryllium	0.20	U		P
7440-43-9	Cadmium	0.30	U		P
7440-70-2	Calcium	8470			P
7440-47-3	Chromium	1.1	B		P
7440-48-4	Cobalt	2.1	U		P
7440-50-8	Copper	45.1			P
7439-89-6	Iron	234			P
7439-92-1	Lead	4.1			P
7439-95-4	Magnesium	2610	B		P
7439-96-5	Manganese	2.7	B		P
7439-97-6	Mercury	0.26			CV
7440-02-0	Nickel	3.3	B		P
7440-09-7	Potassium	4750	B	E	P
7782-49-2	Selenium	3.8	U		P
7440-22-4	Silver	2.3	B		P
7440-23-5	Sodium	43200		E	P
7440-28-0	Thallium	2.5	U		P
7440-62-2	Vanadium	4.1	B		P
7440-66-6	Zinc	44.0			P

*Outfall 001
Sampled 4-7-03
24 hr. Composite*

Color Before: YELLOW Clarity Before: CLEAR

Texture: _____

Color After: COLORLESS Clarity After: CLEAR

Artifacts: _____

Comments:

Date Reported: 4/17/03

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. : 0304124-001

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16315-001

Collected 4/3/2003 9:55:00 AM
Received 4/3/2003 3:05:00 PM
Collected By CLIENT
Copies To Bob Lee
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Biochemical Oxygen Demand	< 2	mg/L	E405.1	4/4/2003 4:36:00 PM
Nitrogen, Total	2.3	mg/L	M4500-N C	4/16/2003
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	4/14/2003 3:39:06 PM
Nitrite as N	< 0.01	mg/L	E353.2	4/3/2003 6:49:50 PM
Nitrate as N	2.01	mg/L	E353.2	4/9/2003 3:02:44 PM
Phosphorus, Total (As P)	0.94	mg/L	E365.2	4/9/2003 12:47:00 PM
Nitrogen, Kjeldahl, Total	0.30	mg/L	E351.2	4/12/2003 4:39:26 PM
Suspended Solids	< 4	mg/L	E160.2	4/4/2003 8:02:00 AM

Outfall 001
Sampled 4-3-03
24 Hr. Composite

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

Date Reported : 4/23/2003

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. : 0304124-005

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16315-005

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

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Biochemical Oxygen Demand	2	mg/L	E405.1	4/4/2003 4:39:00 PM

Cutfall 001
Sampled 4-3-03
24 Hr. Composite
Duplicate Sample

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

Date Reported : 4/23/2003

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. : 0304212-001

Sample Information...
Type : Aqueous

Origin:

Client ID. : 16329-001

Collected 4/7/2003 10:33:00 AM
Received 4/7/2003 2:15:00 PM
Collected By CLIENT
Copies To Original
CC

Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 2	mg/L	E405.1	4/9/2003 4:32:00 PM
Nitrogen, Total	2.8	mg/L	M4500-N C	4/16/2003
Nitrogen, Ammonia (As N)	< 0.10	mg/L	E350.1	4/14/2003 3:41:39 PM
Nitrite as N	0.02	mg/L	E353.2	4/8/2003 2:03:58 PM
Nitrate as N	2.24	mg/L	E353.2	4/9/2003 3:04:44 PM
Phosphorus, Total (As P)	1.00	mg/L	E365.2	4/9/2003 12:50:00 PM
Nitrogen, Kjeldahl, Total	0.53	-	E351.2	4/12/2003 4:41:26 PM
Suspended Solids	< 4	mg/L	E160.2	4/8/2003 12:40:00 PM

Outfall 001
Sampled 4-7-03
24 Hr. Composite

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

Date Reported : 4/23/2003

Page 1 of 2

Joann M. Slavin

Laboratory Manager

820 4/24/03

BNLS735-950

U.S. EPA - CLP

1
INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

16315-002

Lab Name: H2M LABS, INC.

Contract:

Lab Code: 10478 Case No.

SAS No.:

SDG No.: BNLS735

Matrix (soil/water): WATER

Lab Sample ID: 0304124-002

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
57-12-5	Cyanide	10	U		CA

Color Before: _____ Clarity Before: _____

Texture: _____

Color After: _____ Clarity After: _____

Artifacts: _____

*Outfall 001
Sampled 4-3-03
Grab Sample*

Comments:

Date Reported: 4/17/03

U.S. EPA - CLP

1
INORGANIC ANALYSIS DATA SHEET

EPA SAMPLE NO

16329-002

Lab Name: H2M LABS, INC.

Contract:

Lab Code: 10478

Case No.

SAS No.:

SDG No.: BNLS735

Matrix (soil/water): WATER

Lab Sample ID: 0304212-002

Level (low/med): LOW

Date Received: 4/7/2003

% 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

Color Before: _____ Clarity Before: _____

Texture: _____

Color After: _____ Clarity After: _____

Artifacts: _____

*Outfall 001
Sampled 4-7-03
Grab Sample*

Comments:

Date Reported: 4/17/03

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. : 0304124-002

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16315-002

Collected 4/3/2003 1:25:00 PM
Received 4/3/2003 3:05:00 PM
Collected By CLIENT
Copies To Bob Lee
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Fecal Coliform	< 2	MPN	M9221 C	4/3/2003 4:30:00 PM

outfall a1
Sampled 4-3-03
Grab Sample

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

Date Reported : 4/23/2003

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. : 0304212-002

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16329-002

Collected 4/7/2003 10:30:00 AM
Received 4/7/2003 2:15:00 PM
Collected By CLIENT
Copies To Original
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Fecal Coliform	< 2	MPN	M9221 C	4/7/2003 2:30:00 PM

Outfall 001
Sampled 4-7-03
Grab Sample

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

Date Reported : 4/23/2003

Joann M. Slavin

Laboratory Manager

1B
VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

16315-002

Lab Name: H2MLABS, INC.

Contract: _____

Lab Code: 10478

Case No.: BNLS

SAS No.: _____

SDG No.: BNLS735

Matrix: (soil/water) WATER

Lab Sample ID: 0304124-002A

Sample wt/vol: 5 (g/mL) ML

Lab File ID: 03\W1546.D

Level: (low/med) LOW

Date Received: 04/03/03

% Moisture: not dec.

Date Analyzed: 04/14/03

GC Column: R-502.2 ID: .53 (mm)

Dilution Factor: 1.00

Soil Extract Volume: _____ (µL)

Soil Aliquot Volume _____ (µL)

CONCENTRATION UNITS:

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

Outfall 001
Sampled 4-3-03
Grab Sample

VOLATILE ORGANICS ANALYSIS DATA SHEET

16315-002

Lab Name: H2M LABS, INC.

Contract: _____

Lab Code: 10478Case No.: BNLS

SAS No.: _____

SDG No.: BNLS735Matrix: (soil/water) WATERLab Sample ID: 0304124-002ASample wt/vol: 5 (g/mL) MLLab File ID: 03\W1546.DLevel: (low/med) LOWDate Received: 04/03/03

% Moisture: not dec.

Date Analyzed: 04/14/03GC Column: R-502.2 ID: .53 (mm)Dilution Factor: 1.00

Soil Extract Volume: _____ (µL)

Soil Aliquot Volume _____ (µL)

CONCENTRATION UNITS:

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

Cutfall 001
 Sampled 4-3-03
 Grab Sample

1A
VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

16329-002

Lab Name: H2M LABS, INC.

Contract: _____

Lab Code: 10478

Case No.: BNLS

SAS No.: _____

SDG No.: BNLS735

Matrix: (soil/water) WATER

Lab Sample ID: 0304212-002A

Sample wt/vol: 5 (g/mL) ML

Lab File ID: 03\W1550.D

Level: (low/med) LOW

Date Received: 04/07/03

% Moisture: not dec.

Date Analyzed: 04/14/03

GC Column: R-502.2 ID: .53 (mm)

Dilution Factor: 1.00

Soil Extract Volume: _____ (µL)

Soil Aliquot Volume _____ (µL)

CONCENTRATION UNITS:

CAS NO.	COMPOUND	(µg/L or µg/Kg)	UG/L	Q
74-87-3	Chloromethane		1	U
75-01-4	Vinyl chloride		1	U
74-83-9	Bromomethane		1	U
75-00-3	Chloroethane		1	U
75-69-4	Trichlorofluoromethane		1	U
67-64-1	Acetone		2	BJ
75-35-4	1,1-Dichloroethene		1	U
75-09-2	Methylene chloride		2.4	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 #1
Sampled 4-7-03
Grab Sample

FORM I VOA - 1

OLM04.2

BNLS735 S51

VOLATILE ORGANICS ANALYSIS DATA SHEET

16329-002

Lab Name: H2M LABS, INC.

Contract: _____

Lab Code: 10478Case No.: BNLS

SAS No.: _____

SDG No.: BNLS735Matrix: (soil/water) WATERLab Sample ID: 0304212-002ASample wt/vol: 5 (g/mL) MLLab File ID: 03\W1550.DLevel: (low/med) LOWDate Received: 04/07/03

% Moisture: not dec.

Date Analyzed: 04/14/03GC Column: R-502.2 ID: .53 (mm)Dilution Factor: 1.00

Soil Extract Volume: _____ (µL)

Soil Aliquot Volume _____ (µL)

CONCENTRATION UNITS:

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

Outfall 001
 Sampled 4-7-03
 Grab Sample

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. : 0304124-003

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16315-003

Collected 4/3/2003 10:15:00 AM
Received 4/3/2003 3:05:00 PM
Collected By CLIENT
Copies To Bob Lee
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Biochemical Oxygen Demand	57	mg/L	E405.1	4/4/2003 4:38:00 PM
Suspended Solids	44	mg/L	E160.2	4/4/2003 8:04:00 AM

STP Influent
Sampled 4-3-03
24hr. Composite

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

Date Reported : 4/23/2003

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. : 0304212-003

Sample Information...
Type : Aqueous

Origin:

Client ID. : 16329-003

Collected 4/7/2003 10:45:00 AM
Received 4/7/2003 2:15:00 PM
Collected By CLIENT
Copies To Original
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Biochemical Oxygen Demand	46	mg/L	E405.1	4/9/2003 4:33:00 PM
Suspended Solids	49	mg/L	E160.2	4/8/2003 12:45:00 PM

STP Influent
Sampled 4-7-03
24hr. Composite

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

Date Reported : 4/23/2003

Joann M. Slavin

Laboratory Manager

ATTACHMENT III
BROOKHAVEN NATIONAL LABORATORY
SPDES PERMIT NO. NY0005835
DISCHARGE MONITORING REPORT FOR APRIL 2003
ANALYTICAL RESULTS FROM H2M LABS INC.
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. : 0304129-003

Sample Information...
Type : Aqueous
Origin:

Client ID. : 16313-003

Collected 4/2/2003 2:55:00 PM
Received 4/3/2003 3:05:00 PM
Collected By CLIENT
Copies To Bob Lee
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	4/4/2003 10:30:00 AM

Outfall 002
Sampled 4-2-03
Grab Sample

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

Date Reported : 4/28/2003

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. : 0304172-001

Sample Information...
Type : Aqueous

Origin:

Client ID. : 16320-001

Collected 4/3/2003 2:30:00 PM
Received 4/4/2003 3:37:00 PM
Collected By CLIENT
Copies To Original

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	4/7/2003 1:15:00 PM

outfall 002B
Sampled 4-3-03
Grab Sample

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

Date Reported : 4/9/2003

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. : 0304129-005

Sample Information...
Type : Aqueous

Origin:

Client ID. : 16313-005

Collected 4/2/2003 1:35:00 PM
Received 4/3/2003 3:05:00 PM
Collected By CLIENT
Copies To Bob Lee
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	4/4/2003 10:35:00 AM

Outfall 005
Sampled 4-2-03
Grab Sample

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

Date Reported : 4/28/2003

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. : 0304129-001

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16313-001

Collected 4/2/2003 3:13:00 PM
Received 4/3/2003 3:05:00 PM
Collected By CLIENT
Copies To Bob Lee
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	4/4/2003 10:20:00 AM

outfall area
Sampled 4-2-03
Grab Sample

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

Date Reported : 4/28/2003

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. : 0304129-002

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16313-002

Collected 4/2/2003 3:09:00 PM
Received 4/3/2003 3:05:00 PM
Collected By CLIENT
Copies To Bob Lee
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	4/4/2003 10:25:00 AM

Outfall 006B
Sampled 4-2-03
Grab Sample

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

Date Reported : 4/28/2003

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. : 0304302-001

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16328-001

Collected 4/8/2003 11:15:00 AM
Received 4/9/2003 3:05:00 PM
Collected By CLIENT
Copies To Original
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Hexane Extr. Material (O&G)	< 5.0	mg/L	E1664A	4/10/2003 7:20:00 AM

Outfall 008
Sampled 4.8.03
Grab Sample

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

Date Reported : 5/5/2003

Joann M. Slavin

Laboratory Manager

VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

16328-001

Lab Name: H2M LABS, INC.

Contract: _____

Lab Code: 10478Case No.: BNLS

SAS No.: _____

SDG No.: BNLS740Matrix: (soil/water) WATERLab Sample ID: 0304302-001ASample wt/vol: 5 (g/mL) MLLab File ID: 03\W1563.DLevel: (low/med) LOWDate Received: 04/09/03

% Moisture: not dec.

Date Analyzed: 04/15/03GC Column: R-502.2 ID: .53 (mm)Dilution Factor: 1.00Soil Extract Volume: _____ (μL)Soil Aliquot Volume _____ (μL)

CONCENTRATION UNITS:

CAS NO.	COMPOUND	($\mu\text{g/L}$ or $\mu\text{g/Kg}$)	$\mu\text{G/L}$	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		4	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	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

cutfall 008
 Sampled 4-2-03
 Grab Sample

FORM I VOA - 1

OLM04.2

BNLS740 S23

1B
VOLATILE ORGANICS ANALYSIS DATA SHEET

EPA SAMPLE NO.

16328-001

Lab Name: H2MLABS, INC. Contract: _____
 Lab Code: 10478 Case No.: BNLS SAS No.: _____ SDG No.: BNLS740
 Matrix: (soil/water) WATER Lab Sample ID: 0304302-001A
 Sample wt/vol: 5 (g/mL) ML Lab File ID: 03\W1563.D
 Level: (low/med) LOW Date Received: 04/09/03
 % 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)

CONCENTRATION UNITS:

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

*Cutfall ooe
 Sampled 4-8-03
 Grab Sample*

H2M LABS, INC.

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

LABORATORY RESULTS

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

Lab No. : 0304302-003

Sample Information...
Type : Aqueous
Origin:

Client ID. : 16328-003

Collected 4/8/2003 10:50:00 AM
Received 4/9/2003 3:05:00 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	4/10/2003 7:25:00 AM

*Outfall 010
Sampled 4-8 03
Grab Sample*

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

Date Reported : 5/5/2003

Joann M. Slavin

Laboratory Manager