



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.



REGISTERED TO
ISO 14001: 1996



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

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 US DOE
 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

Permit Number NY0005835
 Discharge Number 001 M

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
TEMPERATURE, WATER	*****	*****	*****	*****	*****	0	01/01	GR
DEG. FAHRENHEIT	*****	*****	*****	*****	*****	0	01/01	GR
00011 1 0 0	*****	*****	*****	*****	*****	0	01/01	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	01/01	GR
BOD, 5-DAY	*****	*****	*****	*****	*****	0	01/01	GR
(20 DEG. C)	*****	*****	*****	*****	*****	0	01/01	GR
00310 1 0 0	*****	*****	*****	*****	*****	0	01/01	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	01/01	GR
PH	*****	*****	*****	*****	*****	0	01/01	GR
00400 1 0 0	*****	*****	*****	*****	*****	0	01/01	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	01/01	GR
SOLIDS, TOTAL	*****	*****	*****	*****	*****	0	01/01	GR
SUSPENDED	*****	*****	*****	*****	*****	0	01/01	GR
00530 1 0 0	*****	*****	*****	*****	*****	0	01/01	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	01/01	GR
SOLIDS, SETTLEABLE	*****	*****	*****	*****	*****	0	01/01	GR
00545 1 0 0	*****	*****	*****	*****	*****	0	01/01	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	01/01	GR
NITROGEN, TOTAL	*****	*****	*****	*****	*****	0	01/01	GR
(AS N)	*****	*****	*****	*****	*****	0	01/01	GR
00600 1 0 0	*****	*****	*****	*****	*****	0	01/01	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	01/01	GR
NITROGEN, AMMONIA	*****	*****	*****	*****	*****	0	01/01	GR
TOTAL (AS N)	*****	*****	*****	*****	*****	0	01/01	GR
00610 1 0 0	*****	*****	*****	*****	*****	0	01/01	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	01/01	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	Signature of Principal Executive Officer or Authorized Agent							
Typed or Printed	Date Signed							
	Telephone 631-344-3424							

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 EXFILTR 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
Permit 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	SAMPLE MEASUREMENT REQUIREMENT	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	*****	*****	*****	*****	*****	0	02/30	24
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****		ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN)	00720 1 0 0	*****	*****	*****	*****	*****	0	02/30	GR
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****		TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU)	01042 1 0 0	*****	*****	*****	*****	*****	0	02/30	24
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****		ONCE/MONTH	COMP24
IRON, TOTAL (AS FE)	01045 1 0 0	*****	*****	*****	*****	*****	0	02/30	24
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****		ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB)	01051 1 0 0	*****	*****	*****	*****	*****	0	02/30	24
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****		ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI)	01067 1 0 0	*****	*****	*****	*****	*****	0	02/30	24
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****		ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG)	01077 1 0 0	*****	*****	*****	*****	*****	0	02/30	24
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****		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 EXFILTR FROM SEB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME USDOE
 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

Permit Number	001 M	Discharge Number	
Monitoring Period	From	To	
YR	MO	DY	MO
03	05	01	03
		05	31

Note: Read Instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM				UNITS
ZINC, TOTAL (AS ZN)	MEASUREMENT	*****	*****	*****	*****	*****	0	02/30	24
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	*****	*****	0	02/30	GR
34010 1 0 0	MEASUREMENT	*****	*****	*****	*****	*****		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	02/30	GR
METHYLENE CHLORIDE	SAMPLE	*****	*****	*****	*****	*****		TWICE/MONTH	GRAB
34423 1 0 0	MEASUREMENT	*****	*****	*****	*****	*****	0	02/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		TWICE/MONTH	GRAB
1,1,1-TRICHLOROETHANE	SAMPLE	*****	*****	*****	*****	*****	0	02/30	GR
34506 1 0 0	MEASUREMENT	*****	*****	*****	*****	*****		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	02/30	GR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE	0.45	0.55	*****	*****	*****	0	99/99	RC
50050 1 0 0	MEASUREMENT	REPORT	2.3	*****	*****	*****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	*****	*****	*****	0	02/30	24
MERCURY, TOTAL (AS HG)	SAMPLE	*****	*****	*****	*****	*****		ONCE/MONTH	COMP24
71900 1 0 0	MEASUREMENT	*****	*****	*****	*****	*****	0	02/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		ONCE/MONTH	GRAB
COLIFORM, FECAL GENERAL	SAMPLE	*****	*****	*****	*****	*****	0	02/30	GR
74055 1 0 0	MEASUREMENT	*****	*****	*****	*****	*****		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	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

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.

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

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

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

NY0005835 001 M Discharge Number
 Permit 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	MINIMUM	MAXIMUM			
2-BUTANONE	MEASUREMENT PERMIT	*****	*****	< 2	0	02/30	GR
78356 1 0 0	REQUIREMENT	*****	*****	50 DAILY MX		TWICE/MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL	MEASUREMENT PERMIT	*****	> 97	*****	0	01/30	CA
81010 K 0 0	REQUIREMENT	*****	85 MO AV MN	*****		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	MEASUREMENT PERMIT	*****	> 94	*****	0	01/30	CA
81011 K 0 0	REQUIREMENT	*****	85 MO AV MN	*****		ONCE/MONTH	CALCTD
	MEASUREMENT PERMIT						
	REQUIREMENT						
	MEASUREMENT PERMIT						
	REQUIREMENT						
	MEASUREMENT PERMIT						
	REQUIREMENT						
	MEASUREMENT PERMIT						
	REQUIREMENT						
	MEASUREMENT PERMIT						
	REQUIREMENT						
	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.

Signature of Principal Executive Officer or Authorized Agent

Telephone
 631-344-3424

Date Signed

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 002 B (SUBR 01)
F - FINAL
Monitoring Period RF (1004) & BRAHMS (1002) BLOWDN
From 03 05 01 To 03 05 31
YR MO DY YR MO DY
*** No Discharge ***

Note: Read Instructions before completing this form

PARAMETER	MEASUREMENT	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	0	04/30	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	GPD	REPORT MINIMUM	9.0 MAXIMUM	0	ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 5.0	0	01/30	GR
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX	0	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	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	0	ONCE/MONTH	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****
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									
Type 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)
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. DISCHARGE SHOULD BE TO NEW BASIN.

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

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

MAJOR

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

Monitoring Period From To
 YR MO DY YR MO DY
 03 05 01 03 05 31
 AGS NON-C COOLNG,PRCP,ETC (HN) *** 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	*****	*****	7.6	*****	8.2	(12)	0	04/30	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	5.1	*****	*****	*****	*****		0	04/30	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

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. 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
 NSLS COOLING TOWER BLDN ETC(HS)
 *** No Discharge

NY0005835	005 M	Discharge Number
Permit Number		
Monitoring Period		
From	To	
YR MO DY	YR MO DY	
03 05 10	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	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	.....	.....	7.6	.....	8.3	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	.....	.....	REPORT MINIMUM	.....	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	.....	.....	.....	.....	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	.....	.....	.....	.....	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	2.2	.....	.....	.....	.....		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	.....	.....	.....	.....			ONCE/MONTH	RCORDR
	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
Comments and Explanation of any violations (Reference all attachments here) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.		Date Signed
Typed or Printed		Signature of Principal Executive Officer or Authorized Agent

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
 Discharge Number 007 M
 Permit Number NY0005835

Monitoring Period From To
 YR MO DY YR MO DY
 03 05 01 03 05 31
 WATER TREATMENT PLT BKWSH (HX)
 *** No Discharge

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE				MAXIMUM	UNITS
FLOW RATE	*****	280000	*****	*****	0	22/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	*****	*****	0	ONCE/MONTH	INSTAN
PH	*****	*****	7.3	7.3	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	REPORT MINIMUM	9.0 MAXIMUM	0	ONCE/MONTH	GRAB
MEASUREMENT PERMIT REQUIREMENT							
MEASUREMENT PERMIT REQUIREMENT							
MEASUREMENT PERMIT REQUIREMENT							
MEASUREMENT PERMIT REQUIREMENT							
MEASUREMENT PERMIT REQUIREMENT							
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MEASUREMENT PERMIT REQUIREMENT							
MEASUREMENT PERMIT REQUIREMENT							
MEASUREMENT PERMIT REQUIREMENT							
MEASUREMENT PERMIT REQUIREMENT							
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	Signature of Principal Executive Officer or Authorized Agent						
Typed or Printed	Date Signed						
	Telephone 631-344-3424						

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

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

Permit Number 008 M (SUBR 01)
 Discharge Number F - FINAL
 Monitoring Period
 From To
 YR | MO | DY | YR | MO | DY
 03 | 05 | 01 | 03 | 05 | 31
 MAJOR STORMWTR RUNOFF WAREHOUSE (HW) *****
 *** 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			
FLOW RATE	*****	3300	*****	*****	*****	0	01/30	IN
See Note 2	*****	REPORT DAILY MX	*****	*****	*****		ONCE/MONTH	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	*****	*****	7.7	*****	7.7	0	01/30	GR
PH	*****	*****	REPORT MINIMUM	*****	8.5 MAXIMUM		ONCE/MONTH	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 5.0	0	01/30	GR
OIL & GREASE	*****	*****	*****	*****	15 DAILY MX		ONCE/MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 2	0	01/30	GR
1,1-DICHLOROETHYLENE	*****	*****	*****	*****	5 DAILY MX		ONCE/MONTH	GRAB
34501 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 2	0	01/30	GR
1,1,1-TRICHLORO-ETHANE	*****	*****	*****	*****	6 DAILY MX		ONCE/MONTH	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		ONCE/MONTH	GRAB

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

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

NY0005835	06A M	Discharge Number
Permit 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	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****	7.8	*****	7.9	(12)	0	04/30	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	0.19	*****	*****	*****	*****	*****	0	04/30	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									
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 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

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16412-001

Collected 5/5/2003 11:30:00 AM
Received 5/5/2003 3:35:00 PM
Collected By CLJENT
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 quantization range
D - Results for Dilution

Date Reported : 5/27/2003

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. : 0305224-001

Sample Information...
Type : Aqueous

Origin:

Client ID. : 16426-001

Collected 5/8/2003 10:30:00 AM
Received 5/8/2003 3:40:00 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	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

Date Reported : 5/27/2003

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. : 0305095-002

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16412-002

Collected 5/5/2003 1:30:00 PM
Received 5/5/2003 3:35:00 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	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

Date Reported : 5/27/2003

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. : 0305224-002

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16426-002

Collected 5/8/2003 1:30:00 PM
Received 5/8/2003 3:40:00 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	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

Date Reported : 5/27/2003

Joann M. Slavin

Laboratory Manager

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

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

NYSDEC - ASP
1
INORGANIC ANALYSIS DATA SHEET

Lab Name: Brookhaven National Laboratory - ASL

Lab Code: _____

Matrix: Water

Level: _____

SAMPLE NO.

16413-001

C.O.C.#: 16413

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*

Form I - IN

NYSDEC - ASP
1
INORGANIC ANALYSIS DATA SHEET

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

SAMPLE NO.
16425-001

C.O.C.#: 16425
 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*

Form I - IN

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 Date Analyzed: 5/8/2003
 Sample wt/vol: 25.0 (g/mL) mL Lab File ID: 30508B14.D
 Level: (low/med) low Dilution Factor: 1
 Dilution information: N/A

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

*Outfall 001
 Sampled
 5-5-03
 Grab
 Sample*

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: 5/12/2003Lab File ID: 30512B14.DDilution Factor: 1Dilution information: N/A

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

Outfall 001
 Sampled
 5-8-03
 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. : 0305095-003

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16412-003

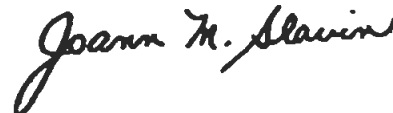
Collected 5/5/2003 11:45:00 AM
Received 5/5/2003 3:35:00 PM
Collected By CLIENT
Copies To Original
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Parameter(s)	Results	Units	Method Number	Analyzed
Biochemical Oxygen Demand	24	mg/L	E405.1	5/7/2003 8:25:00 AM
Suspended Solids	27	mg/L	E160.2	5/6/2003 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



Laboratory Manager

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

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16417-003

Collected 5/6/2003 10:33:00 AM
Received 5/8/2003 3:40:00 PM
Collected By CLIENT
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<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	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

Date Reported : 5/14/2003

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. : 0305225-005

Sample Information...
Type : Aqueous

Origin:

Client ID. : 16417-005

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

Date Reported : 5/14/2003

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. : 0305225-004

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16417-004

Collected 5/6/2003 11:03:00 AM
Received 5/8/2003 3:40:00 PM
Collected By CLIENT
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<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	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

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

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16417-001

Collected 5/6/2003 10:52:00 AM
Received 5/8/2003 3:40:00 PM
Collected By CLIENT
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<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	5/12/2003 8:20:00 AM

Outfall 006A
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

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

Sample Information...
Type : Aqueous

Origin:

Client ID. : 16417-002

Collected 5/6/2003 10:49:00 AM
Received 5/8/2003 3:40:00 PM
Collected By CLIENT
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<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	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

Date Reported : 5/14/2003

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. : 0305225-006

Sample Information...

Type : Aqueous

Origin:

Client ID. : 16417-006

Collected 5/6/2003 11:15:00 AM
Received 5/8/2003 3:40:00 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	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

Date Reported : 5/14/2003

Joann M. Slavin

Laboratory Manager

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: 5/8/2003Lab File ID: 30508B11.DDilution Factor: 1

Dilution information: N/A

*cutfall 008
Sampled
5-6-03
Grab
Sample*

CAS No.	Compound	Concentration Units:	
		(ug/L or ug/Kg)	ug/L
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

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LABORATORY RESULTS

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

Lab No. : **0305673-001**

Sample Information...

Type : Aqueous

Origin:

Client ID. : 17007-001

Collected 5/22/2003 2:04:00 PM
Received 5/23/2003 3:30:00 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	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