



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

September 19, 2007

New York State Department of  
Environmental Conservation  
Division of Water  
Bureau of Wastewater Facilities Operation  
625 Broadway, 4<sup>th</sup> Floor  
Albany, NY 12233-3506

Gentlemen:

**SUBJECT: State Pollutant Discharge Elimination System (SPDES) NY-0005835  
Brookhaven National Laboratory (BNL) Discharge Monitoring Report (DMR)  
for August 2007**

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of August 2007. General Engineering Laboratories, LLC (ELAP Certification #11501) performs most of the analyses on SPDES samples, while H2M Labs, Inc. (NELAP Certification #10478) performs the BOD-5, Nitrogen series, and fecal coliform analyses. CHEMTEX Environmental Laboratory, Inc. (NELAP Certification #02077) performs specialty analyses for tolytriazole, hydroxyethylidene diphosphonic acid, and polypropylene glycol monobutyl ether. These laboratories are certified by the New York State Department of Health. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by BNL. Copies of the analytical reports will be retained in our files and will be made available upon request.

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

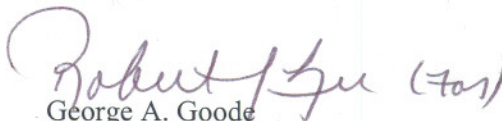
Collection and analysis of these samples are performed in accordance with the BNL Quality Assurance (QA) Program that specifies the standard operating procedures for collection and analysis of samples, QA data requirements, validation of contractor analytical data, and QA inspections performed periodically on contractor laboratories. All QA data, data validation reports, contractor laboratory assessment, and audit reports are available upon request. Based on this information, we believe the values reported on the DMR are representative of the effluent from BNL during the month of August 2007.



Registered to  
ISO 14001

If you should have any questions, please contact Jason Remien or Robert Lee of my staff at (631) 344-3477 and (631) 344-3148 respectively.

Sincerely,



George A. Goode  
Environmental & Waste Management Services  
Division Manager

GAG/JR:djp

Attachment I: Discharge Monitoring Report for August 2007.

Attachment II: Analytical Results from H2M Labs Inc. and General Engineering Laboratories, LLC for samples collected on 8/6/07 and 8/8/07 from Outfall 001 (BNL Use Only).

Attachment III: Analytical Results from General Engineering Laboratories for samples collected from Outfalls 002, 002B, 005, 006A, 006B, 008, and 010 (BNL Use Only).

cc: M. Bebon, w/o Attachments  
G. Goode, w/o Attachments  
M. Holland, w/o Attachments  
C. Kao, w/ all Attachments  
E. Lessard, w/ all Attachments  
E. Murphy, w/ all Attachments  
J. Remien, w/ all Attachments  
R. Sorrentino, NYSDEC, w/ Attachment I  
W. Chaloupka, w/ all Attachments  
G. Granzen, w/ all Attachments  
C. Johnson, w/o Attachments  
R. Lee, w/ all Attachments  
D. Lowenstein, w/o Attachments  
V. Radeka, w/ all Attachments  
E. Governale, SCDHS, w/ Attachment I  
R. Backofen, w/o Attachments  
R. Izzo, w/ all Attachments

File: EC62ER.07

**Brookhaven National Laboratory**  
**SPDES Permit No. NY0005835**  
**Discharge Monitoring Report for August 2007**  
**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. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.

**ATTACHMENT I**

**BROOKHAVEN NATIONAL LABORATORY**

**SPDES PERMIT NO. NY0005835**

**BNL's APPROVED COMPUTER GENERATED  
DISCHARGE MONITORING REPORT FOR AUGUST 2007**

**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 BROOKHAVEN NATIONAL LABORATORY  
 ADDRESS 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
 ATTN: MICHAEL HOLLAND, OFFICE MGR

Page 1

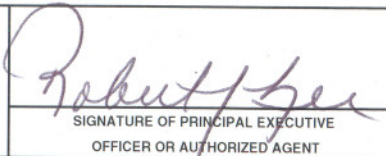
NY0005835	002B
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 11973  
 MAJOR (SUBR 01)  
 RF(1004) & BRAHMS(1002) BLOWDN  
 External Outfall

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.8		0	01/30	GR
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	9 MAXIMUM	SU		Once Per Month	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.6		0	01/30	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Once Per Month	GRAB
Flow, in conduit or thru treatment plant SEE NOTE #3 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	0.0002		*****	*****	*****		0	04/30	RC
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Once Per Month	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode Division Manager Environmental & Waste Management Services Division Typed or Printed.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE		
			07	09	20
			631-344-4549		

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

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



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Page 2

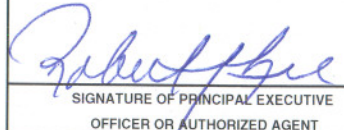
NY0005835	001M
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 11973  
 MAJOR (SUBR 01)  
 PROCESS SANIT & STORMWTR RNOFF  
 External Outfall

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00011 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	79		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	90 DAILY MX	deg F		Daily	GRAB
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	< 2	< 2		0	02/30	24
	PERMIT REQUIREMENT	*****	*****		*****	10 DAILY AV	20 DAILY MX	mg/L		Once Per Month	COMP24
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		6.3	*****	7.1		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****		5.8 MINIMUM	*****	9.0 MAXIMUM	SU		Daily	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	<1.4	<2.3		0	02/30	24
	PERMIT REQUIREMENT	*****	*****		*****	10 DAILY AV	20 DAILY MX	mg/L		Once Per Month	COMP24
00545 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.1 DAILY MX	mL/L		Daily	GRAB
00600 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	6.2		0	02/30	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	10 DAILY MX	mg/L		Once Per Month	COMP24
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.01		0	02/30	24
	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	mg/L		Once Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode Division Manager Environmental & Waste Management Services Division Typed or Printed	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE		
			07	9	00
			YEAR	MO	DAY
			TELEPHONE		
			631-344-4549		

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS, AND REQUIREMENTS.



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

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

**NAME** BROOKHAVEN NATIONAL LABORATORY  
**ADDRESS** 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
**FACILITY** BROOKHAVEN NATIONAL LABORATORY  
**LOCATION** 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
**ATTN:** MICHAEL HOLLAND, OFFICE MGR

NY0005835	001M
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 11973  
 MAJOR (SUBR 01)  
 PROCESS SANIT & STORMWTR RNOFF  
 External Outfall

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.3		0	02/30	24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Once Per Month	COMP24
Cyanide, total (as CN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.5		0	02/30	GR
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	100 DAILY MX	ug/L		Twice Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.057		0	02/30	24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.15 DAILY MX	mg/L		Once Per Month	COMP24
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.17		0	02/30	24
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.37 DAILY MX	mg/L		Once Per Month	COMP24
Lead, total (as Pb)	SEE NOTE #1 SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001		0	02/30	24
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.019 DAILY MX	mg/L		Once Per Month	COMP24
Nickel, total (as Ni)	SEE NOTE #1 SAMPLE MEASUREMENT	*****	*****		*****	*****	0.012		0	02/30	24
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.11 DAILY MX	mg/L		Once Per Month	COMP24
Silver, total (as Ag)	SEE NOTE #1 SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0018		0	02/30	24
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.015 DAILY MX	mg/L		Once Per Month	COMP24

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	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.	DATE		
George A. Goode Division Manager Environmental & Waste Management Services Division		07 9 20		
Typed or Printed		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		TELEPHONE 631-344-4549		

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

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**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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 UPTON, NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
 ATTN: MICHAEL HOLLAND, OFFICE MGR

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NY0005835	001M
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 11973  
 MAJOR (SUBR 01)  
 PROCESS SANIT & STORMWTR RNOFF  
 External Outfall

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.04		0	02/30	24
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.1 DAILY MX	mg/L		Once Per Month	COMP24
Toluene	SEE NOTE #1 SAMPLE MEASUREMENT	*****	*****		*****	*****	0.4		0	02/30	GR
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX	ug/L		Twice Per Month	GRAB
Methylene chloride	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.8		0	02/30	GR
34423 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX	ug/L		Twice Per Month	GRAB
1, 1, 1 - Trichloroethane	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1		0	02/30	GR
34506 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX	ug/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.44	0.57		*****	*****	*****		0	99/99	RC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	2.3 DAILY MX	Mgal/d	*****	*****	*****			Continuous	RCORDR
Mercury, total (as Hg)	SEE NOTE #1 SAMPLE MEASUREMENT	*****	*****		*****	*****	0.00006		0	02/30	24
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.0008 DAILY MX	mg/L		Once Per Month	COMP24
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2 <2		0	02/30	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	200 DAILY AV	400 DAILY MX	#/100mL	Once Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode Division Manager Environmental & Waste Management Services Division Typed or Printed	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	DATE		
		07 9 20		
		YEAR	MO	DAY
		TELEPHONE		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			631-344-4549	

Comments and Explanation of any violations (Reference all attachments here)  
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS, AND REQUIREMENTS.



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

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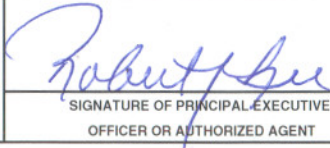
NY0005835	001M
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 11973  
 MAJOR  
 (SUBR 01)  
 PROCESS SANIT & STORMWTR RNOFF  
 External Outfall

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
2 - Butanone	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5		0	02/30	GR
78356 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	50 DAILY MX	ug/L		Twice Per Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****		>94	*****	*****		0	01/30	CA
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****		85 MO AV MN	*****	*****	%		Once Per Month	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****		>97	*****	*****		0	01/30	CA
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****		85 MO AV MN	*****	*****	%		Once Per Month	CALCTD

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**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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**ATTN:** MICHAEL HOLLAND, OFFICE MGR


NY0005835	002M
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 11973  
 MAJOR  
 (SUBR 01)  
 AGS NON-C COOLING, PRCP, ETC (HN)  
 External Outfall

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		6.8	*****	8.0		0	04/30	GR
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	9 MAXIMUM	SU		Once Per Month	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.4		0	01/30	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Once Per Month	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.006	*****		*****	*****	*****		0	04/30	RC
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	Mgal/d	*****	*****	*****			Once Per Month	RCORDR

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			07	9	20
			YEAR	MO	DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		
			631-344-4549		

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

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



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

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 ATTN: MICHAEL HOLLAND, OFFICE MGR

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NY0005835	005M
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 11973  
 MAJOR (SUBR 01)  
 NSLS COOLING TOWER BLDN ETC (HS)  
 External Outfall

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		7.1	*****	8.4		0	04/30	GR
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	8.5 MAXIMUM	SU		Once Per Month	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.4		0	01/30	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Once Per Month	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.15	*****		*****	*****	*****		0	04/30	RC
	PERMIT REQUIREMENT	Req. Mon. MO AV	*****	Mgal/d	*****	*****	*****			Once Per Month	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode Division Manager Environmental & Waste Management Services Division Typed or Printed	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		DATE		
			07	9	20
			YEAR	MO	DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE 631-344-4549		

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 BROOKHAVEN NATIONAL LABORATORY  
 ADDRESS 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
 ATTN: MICHAEL HOLLAND, OFFICE MGR

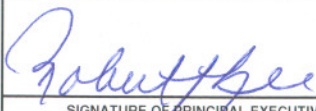
NY0005835	007M
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 11973  
 MAJOR  
 (SUBR 01)  
 WATER TREATMENT PLT BKWSH (HX)  
 External Outfall

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	*****	160000	*****	*****	*****	*****		0	8/30	IN
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Once Per Month	INSTAN
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4		0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	9 MAXIMUM	SU		Once Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode Division Manager Environmental & Waste Management Services Division Typed or Printed	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE				
			07	9	20		
			YEAR	MO	DAY	TELEPHONE	
			631-344-4549				

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.



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

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

**NAME** BROOKHAVEN NATIONAL LABORATORY  
**ADDRESS** 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
**FACILITY** BROOKHAVEN NATIONAL LABORATORY  
**LOCATION** 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
**ATTN:** MICHAEL HOLLAND, OFFICE MGR

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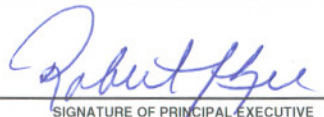
NY0005835	008M
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

DMR MAILING ZIP CODE: 11973  
 MAJOR (SUBR 01)  
 STORMWTR RUNOFF WAREHOUSE (HW)  
 External Outfall

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Flow rate	SEE NOTE #2	SAMPLE MEASUREMENT	*****	13500		*****	*****	*****		0	01/30	IN
00056 1 0 Effluent Gross		PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Once Per Month	INSTAN
pH		SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4		0	01/30	GR
00400 1 0 Effluent Gross		PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	8.5 MAXIMUM	SU		Once Per Month	GRAB
Oil & grease		SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.6		0	01/30	GR
00556 1 0 Effluent Gross		PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Once Per Month	GRAB
1, 1 - Dichloroethylene		SAMPLE MEASUREMENT	*****	*****		*****	*****	<1		0	01/30	GR
34501 1 0 Effluent Gross		PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX	ug/L		Once Per Month	GRAB
1, 1, 1 - Trichloroethane		SAMPLE MEASUREMENT	*****	*****		*****	*****	<1		0	01/30	GR
34506 1 0 Effluent Gross		PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX	ug/L		Once Per Month	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> George A. Goode Division Manager Environmental & Waste Management Services Division Typed or Printed	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE		
			07	9	20
			YEAR	MO	DAY
			TELEPHONE		
			631-344-4549		

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 BROOKHAVEN NATIONAL LABORATORY  
ADDRESS 53 BELL AVENUE, BLDG 464  
UPTON, NY 11973  
FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION 53 BELL AVENUE, BLDG 464  
UPTON, NY 11973  
ATTN: MICHAEL HOLLAND, OFFICE MGR

Page 10


NY0005835	010M
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 11973  
MAJOR (SUBR 01)  
STORMWTR R O CENTRAL STEAM (H)  
External Outfall

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SEE NOTE #2	*****	16000		*****	*****	*****		0	01/30	IN
00056 1 0 Effluent Gross		*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Once Per Month	INSTAN
pH		*****	*****		7.4	*****	7.4		0	01/30	GR
00400 1 0 Effluent Gross		*****	*****		Req. Mon. MINIMUM	*****	8.5 MAXIMUM	SU		Once Per Month	GRAB
Oil & grease		*****	*****		*****	*****	<1.6		0	01/30	GR
00556 1 0 Effluent Gross		*****	*****		*****	*****	15 DAILY MX	mg/L		Once Per Month	GRAB

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.		DATE			
George A. Goode Division Manager Environmental & Waste Management Services Division Typed or Printed			09	09	20	YEAR
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE			
			631-344-4549			

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 BROOKHAVEN NATIONAL LABORATORY  
 ADDRESS 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
 ATTN: MICHAEL HOLLAND, OFFICE MGR

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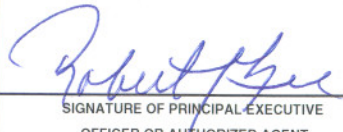
NY0005835	06AM
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 11973  
 MAJOR (SUBR 01)  
 LINAC NCCW, FLOOR DNS, ETC (HT1)  
 External Outfall

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	8.1		0	04/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	9 MAXIMUM	SU		Once Per Month	GRAB
Oil & grease	SEE NOTE #1 SAMPLE MEASUREMENT	*****	*****		*****	*****	1.6		0	01/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Once Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.04	*****		*****	*****	*****		0	04/30	RC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	Mgal/d	*****	*****	*****			Once Per Month	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode Division Manager Environmental & Waste Management Services Division Typed or Printed	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE		
			07	9	20
			YEAR	MO	DAY
			TELEPHONE		
			631-344-4549		

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 BROOKHAVEN NATIONAL LABORATORY  
 ADDRESS 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION 53 BELL AVENUE, BLDG 464  
 UPTON, NY 11973  
 ATTN: MICHAEL HOLLAND, OFFICE MGR

Page 12

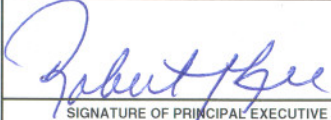
NY0005835	06BM
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 11973  
 MAJOR (SUBR 01)  
 COOLING TOWER FROM 919 ETC (HT2)  
 External Outfall

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	08	01	07	08	31

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.4		0	04/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	9 MAXIMUM	SU		Once Per Month	GRAB
Oil & grease	SEE NOTE #1 SAMPLE MEASUREMENT	*****	*****		*****	*****	1.3		0	01/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Once Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.24	*****		*****	*****	*****		0	04/30	RC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	Mgal/d	*****	*****	*****			Once Per Month	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode Division Manager Environmental & Waste Management Services Division Typed or Printed	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE		
			07	9	20
			631-344-4549		

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 AUGUST 2007**  
**ANALYTICAL RESULTS FROM H2M LABS**  
**AND GENERAL ENGINEERING LABORATORIES, LLC**  
**FOR REGULATORY COMPLIANCE SAMPLES COLLECTED**  
**8/6/07 and 8/8/07**  
**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 : Bob Lee

Lab No. : 0709027-001

Sample Information...  
Type : Aqueous

Origin:

Client ID. : 24659-001

Collected : 8/6/2007 10:20:00 AM  
Received : 8/6/2007 3:15:00 PM  
Collected By CLIENT  
Copies To : Original  
CC

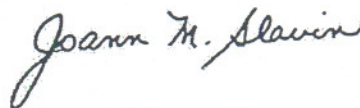
<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Biochemical Oxygen Demand	< 2		1	mg/L	E405.1	08/08/2007 9:46 AM
Nitrogen, Total	4.0		1	mg/L	M4500-N C	08/14/2007
Nitrogen, Ammonia (As N)	< 0.10		1	mg/L	E350.1	08/14/2007 11:26 AM
Nitrite as N	< 0.01		1	mg/L	E353.2	08/07/2007 11:05 AM
Nitrate as N	3.78		5	mg/L	E353.2	08/08/2007 2:16 PM
Nitrogen, Kjeldahl, Total	0.21		1	mg/L	E351.2	08/14/2007 11:42 AM

Outfall 001  
Sampled 8/6/07  
24 hour composite

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

D.F. = Dilution Factor

Date Reported :



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 : Bob Lee

Lab No. : 0709145-001

Sample Information...  
Type : Aqueous

Origin:

Client ID. : 24672-001

Collected : 8/8/2007 10:00:00 AM

Received : 8/8/2007 3:15:00 PM

Collected By CLIENT

Copies To : Original

CC

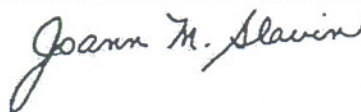
Parameter(s)	Results	Qualifier	D.F.	Units	Method Number	Analyzed
Biochemical Oxygen Demand	< 2		1	mg/L	E405.1	08/09/2007 12:00 PM
Nitrogen, Total	6.2		1	mg/L	M4500-N C	08/14/2007
Nitrogen, Ammonia (As N)	< 0.10		1	mg/L	E350.1	08/14/2007 11:29 AM
Nitrite as N	< 0.01		1	mg/L	E353.2	08/09/2007 10:12 AM
Nitrate as N	5.97		10	mg/L	E353.2	08/09/2007 1:39 PM
Nitrogen, Kjeldahl, Total	0.23		1	mg/L	E351.2	08/14/2007 11:44 AM

Outfall 001  
Sampled 8/8/07  
24 hour composite

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

D.F. = Dilution Factor

Date Reported :



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 : Bob Lee

Lab No. : 0709027-002

Sample Information...  
Type : Aqueous

Origin:

Client ID. : 24659-002

Collected : 8/6/2007 1:35:00 PM  
Received : 8/6/2007 3:15:00 PM  
Collected By CLIENT  
Copies To : Original  
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	30		1	MPN	M9221 BC	08/06/2007 3:30 PM
Fecal Coliform	< 2		1	MPN	M9221 BC	08/06/2007 3:30 PM

Outfall 001  
Sampled 8/6/07  
Grab

Qualifiers: E - Value above quantitation range  
D - Results for Dilution  
D.F. = Dilution Factor

Date Reported :

*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 : Bob Lee

Lab No. : 0709145-002

Sample Information...  
Type : Aqueous

Origin:

Client ID. : 24672-002

Collected : 8/8/2007 1:30:00 PM  
Received : 8/8/2007 3:15:00 PM  
Collected By CLIENT  
Copies To : Original  
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	2		1	MPN	M9221 BC	08/08/2007 3:30 PM
Fecal Coliform	< 2		1	MPN	M9221 BC	08/08/2007 3:30 PM

Outfall 001  
Sampled 8/8/07  
Grabs

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

D.F. = Dilution Factor

Date Reported :

*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 : Bob Lee

Lab No. : 0709027-003

Sample Information...  
Type : Aqueous

Origin:

Client ID. : 24659-003

Collected : 8/6/2007 10:35:00 AM  
Received : 8/6/2007 3:15:00 PM  
Collected By CLIENT  
Copies To : Original  
CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Biochemical Oxygen Demand	< 20		1	mg/L	E405.1	08/08/2007 9:50 AM

~~Outfall~~  
STP Influent  
Sampled 8/6/07  
24-hour composite

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

D.F. = Dilution Factor

Date Reported :

*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 : Bob Lee

Lab No. : 0709145-003

Sample Information...  
Type : Aqueous

Origin:

Client ID. : 24672-003

Collected : 8/8/2007 10:10:00 AM  
Received : 8/8/2007 3:15:00 PM  
Collected By CLIENT  
Copies To : Original  
CC

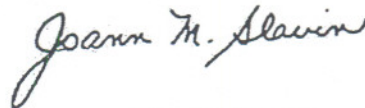
<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Method Number</u>	<u>Analyzed</u>
Biochemical Oxygen Demand	47		1	mg/L	E405.1	08/09/2007 12:05 PM

STP Influent  
Sampled 8/8/07  
24 hour composite

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

D.F. = Dilution Factor

Date Reported :



Laboratory Manager

Volatile  
Certificate of Analysis  
Sample Summary

SDG Number: 191058	Date Collected: 08/06/2007 13:35	Matrix: WATER
Lab Sample ID: 191058002	Date Received: 08/08/2007 10:00	
Client Sample: STP Effluent	Client: BRKL005	Project: BRKL00504
Client ID: 24660-002	Method: EPA 624	SOP Ref: GL-OA-E-026
Batch ID: 659225	Inst: VOA4.I	Dilution: 1
Run Date: 08/13/2007 03:37	Analyst: GRB2	Purge Vol: 5 mL
Prep Date: 08/13/2007 03:37		
Data File: 4w666.d	Column: DB-624	Level: LOW

CAS No.	Parmname	Qualifier	Result	Units	MDL/LOD	PQL/LOQ
74-87-3	Chloromethane	U	1.00	ug/L	0.500	1.00
75-01-4	Vinyl chloride	U	1.00	ug/L	0.500	1.00
74-83-9	Bromomethane	U	1.00	ug/L	0.500	1.00
75-00-3	Chloroethane	U	1.00	ug/L	0.500	1.00
75-69-4	Trichlorofluoromethane	U	1.00	ug/L	0.310	1.00
67-64-1	Acetone	U	5.00	ug/L	1.25	5.00
75-05-8	Acetonitrile	U	25.0	ug/L	6.25	25.0
75-35-4	1,1-Dichloroethylene	U	1.00	ug/L	0.300	1.00
75-09-2	Methylene chloride		2.75	ug/L	2.00	2.00
1634-04-4	tert-Butyl methyl ether	U	5.00	ug/L	0.250	5.00
156-60-5	trans-1,2-Dichloroethylene	U	1.00	ug/L	0.300	1.00
75-34-3	1,1-Dichloroethane	U	1.00	ug/L	0.300	1.00
78-93-3	2-Butanone	U	5.00	ug/L	1.25	5.00
67-66-3	Chloroform	U	1.00	ug/L	0.250	1.00
71-55-6	1,1,1-Trichloroethane	U	1.00	ug/L	0.300	1.00
56-23-5	Carbon tetrachloride	U	1.00	ug/L	0.250	1.00
107-06-2	1,2-Dichloroethane	U	1.00	ug/L	0.250	1.00
71-43-2	Benzene	U	1.00	ug/L	0.300	1.00
79-01-6	Trichloroethylene	U	1.00	ug/L	0.250	1.00
78-87-5	1,2-Dichloropropane	U	1.00	ug/L	0.250	1.00
75-27-4	Bromodichloromethane	U	1.00	ug/L	0.250	1.00
110-75-8	2-Chloroethylvinyl ether	U	5.00	ug/L	1.50	5.00
108-10-1	4-Methyl-2-pentanone	U	5.00	ug/L	1.25	5.00
10061-01-5	cis-1,3-Dichloropropylene	U	1.00	ug/L	0.250	1.00
108-88-3	Toluene	J	0.392	ug/L	0.250	1.00
10061-02-6	trans-1,3-Dichloropropylene	U	1.00	ug/L	0.250	1.00
79-00-5	1,1,2-Trichloroethane	U	1.00	ug/L	0.250	1.00
591-78-6	2-Hexanone	U	5.00	ug/L	1.25	5.00
127-18-4	Tetrachloroethylene	U	1.00	ug/L	0.250	1.00
124-48-1	Dibromochloromethane	U	1.00	ug/L	0.250	1.00
108-90-7	Chlorobenzene	U	1.00	ug/L	0.250	1.00
100-41-4	Ethylbenzene	U	1.00	ug/L	0.250	1.00
75-25-2	Bromoform	U	1.00	ug/L	0.250	1.00
79-34-5	1,1,2,2-Tetrachloroethane	U	1.00	ug/L	0.250	1.00
541-73-1	1,3-Dichlorobenzene	U	1.00	ug/L	0.250	1.00
106-46-7	1,4-Dichlorobenzene	U	1.00	ug/L	0.250	1.00
95-50-1	1,2-Dichlorobenzene	U	1.00	ug/L	0.250	1.00

outfall 001  
sampled 8/6/07  
Grab



**Volatile  
Certificate of Analysis  
Sample Summary**

SDG Number: 191099	Date Collected: 08/08/2007 13:30	Matrix: WATER
Lab Sample ID: 191099002	Date Received: 08/09/2007 09:00	
Client Sample: STP Effluent	Client: BRKL005	Project: BRKL00504
Client ID: 24671-002	Method: EPA 624	SOP Ref: GL-OA-E-026
Batch ID: 659225	Inst: VOA4.I	Dilution: 1
Run Date: 08/13/2007 05:03	Analyst: GRB2	Purge Vol: 5 mL
Prep Date: 08/13/2007 05:03		
Data File: 4w669.d	Column: DB-624	Level: LOW

CAS No.	Parmname	Qualifier	Result	Units	MDL/LOD	PQL/LOQ
74-87-3	Chloromethane	U	1.00	ug/L	0.500	1.00
75-01-4	Vinyl chloride	U	1.00	ug/L	0.500	1.00
74-83-9	Bromomethane	U	1.00	ug/L	0.500	1.00
75-00-3	Chloroethane	U	1.00	ug/L	0.500	1.00
75-69-4	Trichlorofluoromethane	U	1.00	ug/L	0.310	1.00
67-64-1	Acetone	U	5.00	ug/L	1.25	5.00
75-05-8	Acetonitrile	U	25.0	ug/L	6.25	25.0
75-35-4	1,1-Dichloroethylene	U	1.00	ug/L	0.300	1.00
75-09-2	Methylene chloride		2.30	ug/L	2.00	2.00
1634-04-4	tert-Butyl methyl ether	U	5.00	ug/L	0.250	5.00
156-60-5	trans-1,2-Dichloroethylene	U	1.00	ug/L	0.300	1.00
75-34-3	1,1-Dichloroethane	U	1.00	ug/L	0.300	1.00
78-93-3	2-Butanone	U	5.00	ug/L	1.25	5.00
67-66-3	Chloroform	U	1.00	ug/L	0.250	1.00
71-55-6	1,1,1-Trichloroethane	U	1.00	ug/L	0.300	1.00
56-23-5	Carbon tetrachloride	U	1.00	ug/L	0.250	1.00
107-06-2	1,2-Dichloroethane	U	1.00	ug/L	0.250	1.00
71-43-2	Benzene	U	1.00	ug/L	0.300	1.00
79-01-6	Trichloroethylene	U	1.00	ug/L	0.250	1.00
78-87-5	1,2-Dichloropropane	U	1.00	ug/L	0.250	1.00
75-27-4	Bromodichloromethane	U	1.00	ug/L	0.250	1.00
110-75-8	2-Chloroethylvinyl ether	U	5.00	ug/L	1.50	5.00
108-10-1	4-Methyl-2-pentanone	U	5.00	ug/L	1.25	5.00
10061-01-5	cis-1,3-Dichloropropylene	U	1.00	ug/L	0.250	1.00
108-88-3	Toluene	U	1.00	ug/L	0.250	1.00
10061-02-6	trans-1,3-Dichloropropylene	U	1.00	ug/L	0.250	1.00
79-00-5	1,1,2-Trichloroethane	U	1.00	ug/L	0.250	1.00
591-78-6	2-Hexanone	U	5.00	ug/L	1.25	5.00
127-18-4	Tetrachloroethylene	U	1.00	ug/L	0.250	1.00
124-48-1	Dibromochloromethane	U	1.00	ug/L	0.250	1.00
108-90-7	Chlorobenzene	U	1.00	ug/L	0.250	1.00
100-41-4	Ethylbenzene	U	1.00	ug/L	0.250	1.00
75-25-2	Bromoform	U	1.00	ug/L	0.250	1.00
79-34-5	1,1,2,2-Tetrachloroethane	U	1.00	ug/L	0.250	1.00
541-73-1	1,3-Dichlorobenzene	U	1.00	ug/L	0.250	1.00
106-46-7	1,4-Dichlorobenzene	U	1.00	ug/L	0.250	1.00
95-50-1	1,2-Dichlorobenzene	U	1.00	ug/L	0.250	1.00

*outfall 001  
sampled 8/8/07  
Grab*

METALS  
-1-  
INORGANICS ANALYSIS DATA PACKAGE

SDG No: 191058

METHOD TYPE: SW846

SAMPLE ID: 191058001

CLIENT ID: 24660-001

CONTRACT: BRKL00504

MATRIX: W

DATE RECEIVED 08-AUG-07

LEVEL: Low %SOLIDS:

<u>CAS No</u>	<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>C</u>	<u>Qual</u>	<u>M</u>	<u>MDL</u>	<u>DF</u>	<u>Instrument ID</u>	<u>Analytical Run</u>
7429-90-5	Aluminum	68	ug/L	U		P	68	1	OPTIMA1	082507-2
7440-36-0	Antimony	3.4	ug/L	B		P	3	1	OPTIMA1	082507-2
7440-38-2	Arsenic	1.5	ug/L	U		MS	1.5	1	ICPMS5	070822-3
7440-39-3	Barium	14.6	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-41-7	Beryllium	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-43-9	Cadmium	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-70-2	Calcium	10500	ug/L			P	30	1	OPTIMA1	082507-2
7440-47-3	Chromium	1	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-48-4	Cobalt	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-50-8	Copper	47.2	ug/L			P	3	1	OPTIMA1	082507-2
7439-89-6	Iron	125	ug/L			P	25	1	OPTIMA1	082507-2
7439-92-1	Lead	0.730	ug/L	B		MS	0.5	1	ICPMS5	070822-3
7439-95-4	Magnesium	3240	ug/L	B		P	85	1	OPTIMA1	082507-2
7439-96-5	Manganese	2.7	ug/L	B		P	2	1	OPTIMA1	082507-2
7439-97-6	Mercury	0.059	ug/L	B		AV	0.03	1	MER536	082807W3-1
7440-02-0	Nickel	11.7	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-09-7	Potassium	5020	ug/L			P	50	1	OPTIMA1	082507-2
7782-49-2	Selenium	1	ug/L	U		MS	1	1	ICPMS5	070822-3
7440-22-4	Silver	1.8	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-23-5	Sodium	30700	ug/L			P	45	1	OPTIMA1	082507-2
7440-28-0	Thallium	0.440	ug/L	B		MS	0.3	1	ICPMS5	070822-3
7440-31-5	Tin	2.5	ug/L	U		P	2.5	1	OPTIMA1	082507-2
7440-62-2	Vanadium	10.2	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-66-6	Zinc	31.6	ug/L			P	2	1	OPTIMA1	082507-2

Outfall 001  
sampled 8/6/07  
24 hour Composite

METALS  
-1-  
INORGANICS ANALYSIS DATA PACKAGE

SDG No: 191099

METHOD TYPE: SW846

SAMPLE ID: 191099001

CLIENT ID: 24671-001

CONTRACT: BRKL00504

MATRIX: W

DATE RECEIVED 09-AUG-07

LEVEL: Low %SOLIDS:

<u>CAS No</u>	<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>C</u>	<u>Qual</u>	<u>M</u>	<u>MDL</u>	<u>DF</u>	<u>Instrument ID</u>	<u>Analytical Run</u>
7429-90-5	Aluminum	68	ug/L	U		P	68	1	OPTIMA1	082507-2
7440-36-0	Antimony	3	ug/L	U		P	3	1	OPTIMA1	082507-2
7440-38-2	Arsenic	1.5	ug/L	U		MS	1.5	1	ICPMS5	070822-3
7440-39-3	Barium	16.8	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-41-7	Beryllium	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-43-9	Cadmium	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-70-2	Calcium	11400	ug/L			P	30	1	OPTIMA1	082507-2
7440-47-3	Chromium	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-48-4	Cobalt	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-50-8	Copper	56.6	ug/L			P	3	1	OPTIMA1	082507-2
7439-89-6	Iron	166	ug/L			P	25	1	OPTIMA1	082507-2
7439-92-1	Lead	1	ug/L	B		MS	0.5	1	ICPMS5	070822-3
7439-95-4	Magnesium	3560	ug/L	B		P	85	1	OPTIMA1	082507-2
7439-96-5	Manganese	2.7	ug/L	B		P	2	1	OPTIMA1	082507-2
7439-97-6	Mercury	0.052	ug/L	B		AV	0.03	1	MER536	082807W3-1
7440-02-0	Nickel	12.2	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-09-7	Potassium	5210	ug/L			P	50	1	OPTIMA1	082507-2
7782-49-2	Selenium	1	ug/L	U		MS	1	1	ICPMS5	070822-3
7440-22-4	Silver	1.4	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-23-5	Sodium	29900	ug/L			P	45	1	OPTIMA1	082507-2
7440-28-0	Thallium	0.30	ug/L	U		MS	0.3	1	ICPMS5	070822-3
7440-31-5	Tin	2.5	ug/L	U		P	2.5	1	OPTIMA1	082507-2
7440-62-2	Vanadium	9.1	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-66-6	Zinc	35.4	ug/L			P	2	1	OPTIMA1	082507-2

Outfall 001  
sampled 8/8/07  
24 hour composite



METALS  
-1-  
INORGANICS ANALYSIS DATA PACKAGE

SDG No: 191058

METHOD TYPE: SW846

SAMPLE ID: 191058003

CLIENT ID: 24660-003

CONTRACT: BRKL00504

MATRIX: W

DATE RECEIVED 08-AUG-07

LEVEL: Low %SOLIDS:

<u>CAS No</u>	<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>C</u>	<u>Qual</u>	<u>M</u>	<u>MDL</u>	<u>DF</u>	<u>Instrument ID</u>	<u>Analytical Run</u>
7429-90-5	Aluminum	68	ug/L	U		P	68	1	OPTIMA1	082507-2
7440-36-0	Antimony	3.1	ug/L	B		P	3	1	OPTIMA1	082507-2
7440-38-2	Arsenic	1.5	ug/L	U		MS	1.5	1	ICPMS5	070822-3
7440-39-3	Barium	14.6	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-41-7	Beryllium	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-43-9	Cadmium	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-70-2	Calcium	10600	ug/L			P	30	1	OPTIMA1	082507-2
7440-47-3	Chromium	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-48-4	Cobalt	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-50-8	Copper	47.6	ug/L			P	3	1	OPTIMA1	082507-2
7439-89-6	Iron	130	ug/L			P	25	1	OPTIMA1	082507-2
7439-92-1	Lead	0.770	ug/L	B		MS	0.5	1	ICPMS5	070822-3
7439-95-4	Magnesium	3140	ug/L	B		P	85	1	OPTIMA1	082507-2
7439-96-5	Manganese	2.6	ug/L	B		P	2	1	OPTIMA1	082507-2
7439-97-6	Mercury	0.050	ug/L	B		AV	0.03	1	MER536	082807W3-1
7440-02-0	Nickel	11.5	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-09-7	Potassium	4900	ug/L	B		P	50	1	OPTIMA1	082507-2
7782-49-2	Selenium	1	ug/L	U		MS	1	1	ICPMS5	070822-3
7440-22-4	Silver	1.6	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-23-5	Sodium	30900	ug/L			P	45	1	OPTIMA1	082507-2
7440-28-0	Thallium	0.30	ug/L	U		MS	0.3	1	ICPMS5	070822-3
7440-31-5	Tin	2.5	ug/L	U		P	2.5	1	OPTIMA1	082507-2
7440-62-2	Vanadium	10.4	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-66-6	Zinc	30.1	ug/L			P	2	1	OPTIMA1	082507-2

This data is being evaluated by  
GEL. It appears to be effluent results  
and not STP Influent

*J 9/19/07*

METALS  
-1-  
INORGANICS ANALYSIS DATA PACKAGE

SDG No: 191099

METHOD TYPE: SW846

SAMPLE ID: 191099003

CLIENT ID: 24671-003

CONTRACT: BRKL00504

MATRIX: W

DATE RECEIVED 09-AUG-07

LEVEL: Low %SOLIDS:

<u>CAS No</u>	<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>C</u>	<u>Qual</u>	<u>M</u>	<u>MDL</u>	<u>DF</u>	<u>Instrument ID</u>	<u>Analytical Run</u>
7429-90-5	Aluminum	254	ug/L			P	68	1	OPTIMA1	082507-2
7440-36-0	Antimony	3	ug/L	U		P	3	1	OPTIMA1	082507-2
7440-38-2	Arsenic	1.6	ug/L	B		MS	1.5	1	ICPMS5	070822-3
7440-39-3	Barium	61.2	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-41-7	Beryllium	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-43-9	Cadmium	1	ug/L	U		P	1	1	OPTIMA1	082507-2
7440-70-2	Calcium	11100	ug/L			P	30	1	OPTIMA1	082507-2
7440-47-3	Chromium	2	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-48-4	Cobalt	1	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-50-8	Copper	265	ug/L			P	3	1	OPTIMA1	082507-2
7439-89-6	Iron	1890	ug/L			P	25	1	OPTIMA1	082507-2
7439-92-1	Lead	24	ug/L			MS	0.5	1	ICPMS5	070822-3
7439-95-4	Magnesium	4300	ug/L	B		P	85	1	OPTIMA1	082507-2
7439-96-5	Manganese	69.2	ug/L			P	2	1	OPTIMA1	082507-2
7439-97-6	Mercury	0.280	ug/L			AV	0.03	1	MER536	082807W3-1
7440-02-0	Nickel	11.9	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-09-7	Potassium	6970	ug/L			P	50	1	OPTIMA1	082507-2
7782-49-2	Selenium	1	ug/L	U		MS	1	1	ICPMS5	070822-3
7440-22-4	Silver	1.4	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-23-5	Sodium	37100	ug/L			P	45	1	OPTIMA1	082507-2
7440-28-0	Thallium	0.30	ug/L	U		MS	0.3	1	ICPMS5	070822-3
7440-31-5	Tin	2.5	ug/L	U		P	2.5	1	OPTIMA1	082507-2
7440-62-2	Vanadium	8.4	ug/L	B		P	1	1	OPTIMA1	082507-2
7440-66-6	Zinc	128	ug/L			P	2	1	OPTIMA1	082507-2

STP Influent  
Sampled 8/8/07  
24 hour composite

# GEL LABORATORIES LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

## Certificate of Analysis

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

Report Date: August 27, 2007

Contact: Mr. John Burke  
Project: ES SPDES--Summary

Client Sample ID: 24660-001  
Sample ID: 191058001  
Matrix: Water  
Collect Date: 06-AUG-07 10:20  
Receive Date: 08-AUG-07 10:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24660  
Samp Recv.:  
Client Desc.: STP Effluent

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
<b>Nutrient Analysis Federal</b>										
<i>EPA 365.4 Phosphorus, Total in</i>										
Phosphorus, Total as P		1.34	0.024	0.050	mg/L	1	AXH3 08/15/07	1358	659893	1
<b>Solids Analysis Federal</b>										
<i>EPA 160.2 Total Suspended Liq</i>										
Total Suspended Solids	U	1.20	2.28	10.0	mg/L		NXM 08/09/07	1110	658190	2

### The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
EPA 365.4 Prep	EPA 365.4 Phosphorus, Total in liquid-Fe	BXM1	08/14/07	2106	659892

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 365.4	
2	EPA 160.2	

Outfall 001  
Sampled 8/6/07  
24 hour composite



# GEL LABORATORIES LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

## Certificate of Analysis

Company : Brookhaven National Laboratory  
Address : Building 51  
Upton, New York 11973--5000  
Contact: Mr. John Burke  
Project: ES SPDES--Summary

Report Date: August 28, 2007

Client Sample ID: 24671-001  
Sample ID: 191099001  
Matrix: Water  
Collect Date: 08-AUG-07 10:00  
Receive Date: 09-AUG-07 09:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24671  
Samp Recv.:  
Client Desc.: STP Effluent

Parameter	Qualifier	Result	DL	RL	Units	DF	Analyst	Date	Time	Batch	Method
<b>Nutrient Analysis Federal</b>											
EPA 365.4 Phosphorus, Total in Phosphorus, Total as P		1.19	0.024	0.050	mg/L	1	KLP1	08/13/07	1907	659134	1
<b>Solids Analysis Federal</b>											
EPA 160.2 Total Suspended Liq Total Suspended Solids	U	0.300	0.570	2.50	mg/L		NXM	08/10/07	1116	658927	2 1

### The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
EPA 365.4 Prep	EPA 365.4 Phosphorus, Total in liquid-Fe	BXM1	08/10/07	1948	659133

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 365.4	
2	EPA 160.2	

Outfall 001  
Sampled 8/8/07  
24 hour composite

# GEL LABORATORIES LLC

2040 Savage Road Charleston SC 29407 - (843) 556-8171 - www.gel.com

## Certificate of Analysis

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

Contact: Mr. John Burke  
Project: ES SPDES--Summary

Report Date: August 27, 2007

Client Sample ID: 24660-002  
Sample ID: 191058002  
Matrix: Water  
Collect Date: 06-AUG-07 13:35  
Receive Date: 08-AUG-07 10:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24660  
Samp Recv.:  
Client Desc.: STP Effluent

Parameter	Qualifier	Result	DL	RL	Units	DF	Analyst	Date	Time	Batch	Method
<b>Flow Injection Analysis Federal</b>											
<i>SW9012A Cyanide, Total Federal</i>											
Cyanide, Total	U	-4.49	1.50	5.00	ug/L	1	KLP1	08/15/07	1017	659670	1

### The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
SW846 9010B Prep	SW846 9010B Prep	KXL2	08/14/07	1616	659668

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	SW846 9012A	

Outfall 001  
Sampled 8/6/07  
Grab

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## Certificate of Analysis

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

Contact: Mr. John Burke  
Project: ES SPDES--Summary

Report Date: August 28, 2007

Client Sample ID: 24671-002  
Sample ID: 191099002  
Matrix: Water  
Collect Date: 08-AUG-07 13:30  
Receive Date: 09-AUG-07 09:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24671  
Samp Recv.:  
Client Desc.: STP Effluent

Parameter	Qualifier	Result	DL	RL	Units	DF	Analyst	Date	Time	Batch	Method
<b>Flow Injection Analysis Federal</b>											
<i>SW9012A Cyanide, Total Federal</i>											
Cyanide, Total	U	-4.53	1.50	5.00	ug/L	1	KLP1	08/15/07	1022	659670	1

### The following Prep Methods were performed

Method	Description	Analyst	Date	Time	Prep Batch
SW846 9010B Prep	SW846 9010B Prep	KXL2	08/14/07	1616	659668

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	SW846 9012A	

Outfall 001  
sampled 8/8/07  
Grab



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## Certificate of Analysis

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

Contact: Mr. John Burke  
Project: **ES SPDES--Summary**

Report Date: August 27, 2007

Client Sample ID: 24660-003  
Sample ID: 191058003  
Matrix: Water  
Collect Date: 06-AUG-07 10:35  
Receive Date: 08-AUG-07 10:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24660  
Samp Recv.:  
Client Desc.: STP Influent

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
<b>Solids Analysis Federal</b>										
<i>EPA 160.2 Total Suspended Liq</i>										
Total Suspended Solids		36.7	3.80	16.7	mg/L		NXM 08/09/07	1110	658190	1

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 160.2	

STP Influent  
Sampled 8/6/07  
24 hour composite

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## Certificate of Analysis

Company : Brookhaven National Laboratory  
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Contact: Mr. John Burke  
Project: ES SPDES--Summary

Report Date: August 28, 2007

Client Sample ID: 24671-003  
Sample ID: 191099003  
Matrix: Water  
Collect Date: 08-AUG-07 10:10  
Receive Date: 09-AUG-07 09:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24671  
Samp Recv.:  
Client Desc.: STP Influent

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
<b>Solids Analysis Federal</b>										
EPA 160.2 Total Suspended Liq										
Total Suspended Solids		64.6	4.38	19.2	mg/L		NXM 08/10/07	1116	658927	1

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 160.2	

STP Influent  
Sampled 8/8/07  
24 hour composite

**ATTACHMENT III**  
**BROOKHAVEN NATIONAL LABORATORY**  
**SPDES PERMIT NO. NY0005835**  
**DISCHARGE MONITORING REPORT FOR AUGUST 2007**  
**ANALYTICAL RESULTS FROM**  
**GENERAL ENGINEERING LABORATORIES, LLC**  
**FOR REGULATORY COMPLIANCE SAMPLES COLLECTED FROM**  
**OUTFALLS 002, 002B, 005, 006A, 006B, 008, AND 010**



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## Certificate of Analysis

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

Contact: Mr. John Burke  
Project: ES SPDES--Summary

Report Date: August 24, 2007

Client Sample ID: 24673-005  
Sample ID: 191105005  
Matrix: Water  
Collect Date: 08-AUG-07 09:45  
Receive Date: 09-AUG-07 09:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24673  
Samp Recv.:  
Client Desc.: 1004/1002

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
<b>Oil &amp; Grease Analysis Federal</b>										
<i>EPA 1664A n-Hexane Extractable Material (Oil and G</i>										
Oil and Grease	U	0.455	1.59	5.68	mg/L		JXT1 08/20/07	1140	661548	1

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664A	

Outfall 002B(1004/1002)  
sampled 8/8/07

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## Certificate of Analysis

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

Contact: Mr. John Burke  
Project: ES SPDES--Summary

Report Date: August 24, 2007

Client Sample ID: 24658-003  
Sample ID: 191056003  
Matrix: Water  
Collect Date: 06-AUG-07 08:53  
Receive Date: 08-AUG-07 10:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24658  
Samp Recv.:  
Client Desc.: HN

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
<b>Oil &amp; Grease Analysis Federal</b>										
<i>EPA 1664A n-Hexane Extractable Material (Oil and G</i>										
Oil and Grease	U	0.873	1.36	4.85	mg/L		JXT1 08/20/07	1140	661548	1

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664A	

Outfall 002 (HN)  
Sampled 8/6/07

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## Certificate of Analysis

Company : Brookhaven National Laboratory  
Address : Building 51  
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Report Date: August 24, 2007

Contact: Mr. John Burke  
Project: ES SPDES--Summary

Client Sample ID: 24658-004  
Sample ID: 191056004  
Matrix: Water  
Collect Date: 06-AUG-07 08:38  
Receive Date: 08-AUG-07 10:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24658  
Samp Recv.:  
Client Desc.: HS

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
<b>Oil &amp; Grease Analysis Federal</b>										
<i>EPA 1664A n-Hexane Extractable Material (Oil and G</i>										
Oil and Grease	U	0.882	1.37	4.90	mg/L		JXT1 08/20/07	1140	661548	1

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664A	

Outfall 005(HS)  
sampled 8/6/07



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## Certificate of Analysis

Company : Brookhaven National Laboratory  
Address : Building 51  
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Contact: Mr. John Burke  
Project: **ES SPDES--Summary**

Report Date: August 24, 2007

Client Sample ID: 24658-001  
Sample ID: 191056001  
Matrix: Water  
Collect Date: 06-AUG-07 09:12  
Receive Date: 08-AUG-07 10:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24658  
Samp Recv.:  
Client Desc.: HT-W

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
<b>Oil &amp; Grease Analysis Federal</b>										
<i>EPA 1664A n-Hexane Extractable Material (Oil and G</i>										
Oil and Grease	J	1.55	1.35	4.83	mg/L		JXT1 08/20/07	0705	661548	1

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664A	

Outfall 006A (HT-W)  
Sampled 8/6/07

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## Certificate of Analysis

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

Contact: Mr. John Burke  
Project: ES SPDES--Summary

Report Date: August 24, 2007

Client Sample ID: 24658-002  
Sample ID: 191056002  
Matrix: Water  
Collect Date: 06-AUG-07 09:03  
Receive Date: 08-AUG-07 10:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24658  
Samp Recv.:  
Client Desc.: HT-E

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
<b>Oil &amp; Grease Analysis Federal</b>										
<i>EPA 1664A n-Hexane Extractable Material (Oil and G</i>										
Oil and Grease	J	1.33	1.33	4.74	mg/L		JXT1 08/20/07	0705	661548	1

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664A	

Outfall 006B(HT-E)  
Sampled 8/6/07

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## Certificate of Analysis

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

Contact: Mr. John Burke  
Project: **ES SPDES--Summary**

Report Date: August 24, 2007

Client Sample ID: 24673-002  
Sample ID: 191105002  
Matrix: Water  
Collect Date: 08-AUG-07 09:25  
Receive Date: 09-AUG-07 09:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24673  
Samp Recv.:  
Client Desc.: HW

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
<b>Oil &amp; Grease Analysis Federal</b>										
<i>EPA 1664A n-Hexane Extractable Material (Oil and G</i>										
Oil and Grease	U	0.819	1.64	5.85	mg/L		JXT1 08/20/07	1140	661548	1

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664A	

outfall 008 (HW)  
sampled 8/8/07



Volatile  
Certificate of Analysis  
Sample Summary

SDG Number: 191105	Date Collected: 08/08/2007 09:25	Matrix: WATER
Lab Sample ID: 191105002	Date Received: 08/09/2007 09:00	
Client Sample: HW	Client: BRKL005	Project: BRKL00504
Client ID: 24673-002	Method: EPA 624	SOP Ref: GL-OA-E-026
Batch ID: 659225	Inst: VOA4.1	Dilution: 1
Run Date: 08/13/2007 06:30	Analyst: GRB2	Purge Vol: 5 mL
Prep Date: 08/13/2007 06:30		
Data File: 4w672.d	Column: DB-624	Level: LOW

CAS No.	Parmname	Qualifier	Result	Units	MDL/LOD	PQL/LOQ	RDL
74-87-3	Chloromethane	U	1.00	ug/L	0.500	1.00	
75-01-4	Vinyl chloride	U	1.00	ug/L	0.500	1.00	
74-83-9	Bromomethane	U	1.00	ug/L	0.500	1.00	
75-00-3	Chloroethane	U	1.00	ug/L	0.500	1.00	
75-69-4	Trichlorofluoromethane	U	1.00	ug/L	0.310	1.00	
75-05-8	Acetonitrile	U	25.0	ug/L	6.25	25.0	
75-35-4	1,1-Dichloroethylene	U	1.00	ug/L	0.300	1.00	
75-09-2	Methylene chloride	J	2.81	ug/L	2.00	2.00	5.00
1634-04-4	tert-Butyl methyl ether	U	5.00	ug/L	0.250	5.00	
156-60-5	trans-1,2-Dichloroethylene	U	1.00	ug/L	0.300	1.00	
75-34-3	1,1-Dichloroethane	U	1.00	ug/L	0.300	1.00	
67-66-3	Chloroform	U	1.00	ug/L	0.250	1.00	
71-55-6	1,1,1-Trichloroethane	U	1.00	ug/L	0.300	1.00	
56-23-5	Carbon tetrachloride	U	1.00	ug/L	0.250	1.00	
107-06-2	1,2-Dichloroethane	U	1.00	ug/L	0.250	1.00	
71-43-2	Benzene	U	1.00	ug/L	0.300	1.00	
79-01-6	Trichloroethylene	U	1.00	ug/L	0.250	1.00	
78-87-5	1,2-Dichloropropane	U	1.00	ug/L	0.250	1.00	
75-27-4	Bromodichloromethane	U	1.00	ug/L	0.250	1.00	
110-75-8	2-Chloroethylvinyl ether	U	5.00	ug/L	1.50	5.00	
10061-01-5	cis-1,3-Dichloropropylene	U	1.00	ug/L	0.250	1.00	
108-88-3	Toluene	U	1.00	ug/L	0.250	1.00	
10061-02-6	trans-1,3-Dichloropropylene	U	1.00	ug/L	0.250	1.00	
79-00-5	1,1,2-Trichloroethane	U	1.00	ug/L	0.250	1.00	
127-18-4	Tetrachloroethylene	U	1.00	ug/L	0.250	1.00	
124-48-1	Dibromochloromethane	U	1.00	ug/L	0.250	1.00	
108-90-7	Chlorobenzene	U	1.00	ug/L	0.250	1.00	
100-41-4	Ethylbenzene	U	1.00	ug/L	0.250	1.00	
75-25-2	Bromoform	U	1.00	ug/L	0.250	1.00	
79-34-5	1,1,2,2-Tetrachloroethane	U	1.00	ug/L	0.250	1.00	
541-73-1	1,3-Dichlorobenzene	U	1.00	ug/L	0.250	1.00	
106-46-7	1,4-Dichlorobenzene	U	1.00	ug/L	0.250	1.00	
95-50-1	1,2-Dichlorobenzene	U	1.00	ug/L	0.250	1.00	

Outfall 008 (HW)  
Sampled 8/8/07

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## Certificate of Analysis

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

Contact: Mr. John Burke  
Project: ES SPDES--Summary

Report Date: August 24, 2007

Client Sample ID: 24673-003  
Sample ID: 191105003  
Matrix: Water  
Collect Date: 08-AUG-07 09:10  
Receive Date: 09-AUG-07 09:00  
Collector: Client

Project: BRKL00504  
Client ID: BRKL005  
COC: 24673  
Samp Recv.:  
Client Desc.: CSF

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
<b>Oil &amp; Grease Analysis Federal</b>										
<i>EPA 1664A n-Hexane Extractable Material (Oil and G</i>										
Oil and Grease	U	0.227	1.59	5.68	mg/L		JXT1 08/20/07	1140	661548	1

### The following Analytical Methods were performed

Method	Description	Analyst Comments
1	EPA 1664A	

Outfall 010 (CSF)  
Sampled 8/8/07