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

August 21, 2007

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

Gentlemen:

SUBJECT:

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

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of July 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, hydroxyethilydene 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 July 2007.



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

Mr or Rorde

Division Manager

GAG/JR:djp

Attachment I: Discharge Monitoring Report for July 2007.

Attachment II: Analytical Results from H2M Labs Inc. and General Engineering Laboratories, LLC

for samples collected on 7/6/07 and 7/9/07 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 July 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 JULY 2007

FOR OUTFALLS NO. 001 - 010

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

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	002B
PERMIT NUMBER	DISCHARGE NUMBER

	M	ONITORIN	G PERIOD				
	FROM		ТО				
YEAR	MO	DAY	YEAR	MO	DAY		
07	07	01	07	07	31		

Page 1

DMR MAILING ZIP CODE: 11973

MAJOR (SUBR 01)

RF(1004) & BRAHMS(1002) BLOWDN

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1	ANALYSIS	
рН	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.2	1	0	01/30	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	*****	*****		****	*****	3.4	-	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 SEE NOTE #3	SAMPLE MEASUREMENT	*****	0.0002		*****	*****	*****		0	04/30	RC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Once Per Month	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or	,		DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	12 12 1	7	~	77
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	144 / Grade	607	08	2
Environmental & Waste Management	those persons directly responsible for gathering the information, the information submitted is, to the best of my		YEAR	MO	DAY
Services Division	knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting	SIGNATURE OF PRINCIPAL EXECUTIVE	TE	LEPHONE	Ē
Typed or Printed	false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	63	1-344-4549	9

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.

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

NAME

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FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION 53 BELL AVENUE, BLDG 464 **UPTON, NY 11973**

ATTN:

MICHAEL HOLLAND, OFFICE MGR

NY0005835	001M
PERMIT NUMBER	DISCHARGE NUMBER

	M	ONITORIN	G PERIOD		
	FROM			ТО	
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	31

Page 2

DMR MAILING ZIP CODE: 11973

MAJOR

(SUBR 01)

PROCESS SANIT & STORMWTR RNOFF

External Outfall

No Discharge

PARAMETER		QUA	NTITY OR LO	ADING	QUA	LITY OR CON	ICENTRATION	I	NO. EX	FREQUENCY	SAMPLE TYPE	7	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS			
emperature, water deg. Fahrenheit	SAMPLE MEASUREMENT	*****	****		****	****	77		0	01/01	GR		
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****		*****	*****	90 DAILY MX	deg F		Daily	GRAB		
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****		*****	< 2	< 2		0	02/30	24		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	10 DAILY AV	20 DAILY MX	mg/L		Once Per Month	COMP24		
ρΗ	SAMPLE MEASUREMENT	*****	*****		6.3	****	7.1		0	01/01	GR		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		5.8 MINIMUM	*****	9.0 MAXIMUM	SU		Daily	GRAB		
Solids, tolal suspended	SAMPLE MEASUREMENT	*****	*****		****	<0.58	<0.59		0	02/30	24		
0530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	10 DAILY AV	20 DAILY MX	mg/L		Once Per Month	COMP24		
Solids, settleable	SAMPLE MEASUREMENT	*****	****		****	****	0.0		0	01/01	GR		
0545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****		*****	*****	0.1 DAILY MX	mL/L		Daily	GRAB		
litrogen, total (as N)	SAMPLE MEASUREMENT	*****	****		*****	****	7.4		0	02/30	24		
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	10 DAILY MX	mg/L		Once Per Month	COMP24		
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****		****	*****	0.2		0	02/30	24		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	mg/L		Once Per Month	COMP24		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of la	w that this docume	ent and all attachme	nts were prepared u	nder my direction or							DATE	
George A. Goode Division Manager	supervision in accordance and evaluate the information					stem, or	M	4.	4,00	PL	7007	08	Z
Environmental & Waste Management	those persons directly resp	onsible for gather	ing the information,	the information subr	nitted is, to the best of	my	/	/	000		YEAR	MO I	DAY
Services Division	knowledge and belief, true	, accurate, and co	mplete. I am aware	that there are signifi	cant penalties for sub-	mitting	SIGNAT	URE OF PRINC	CIPAL EX	KECUTIVE		EPHONE	
Typed or Printed	false information, including	the possibliity of	fine and imprisonme	ent for knowing violat	tions.		OFFI	CER OR AUTH	ORIZED	AGENT		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.

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

	M	ONITORIN	G PERIOD		
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	31

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DMR MAILING ZIP CODE: 11973

MAJOR

(SUBR 01)

PROCESS SANIT & STORMWTR RNOFF

External Outfall

No Discharge

PARAMETER		QUA	NTITY OR LO	ADING	QUA	LITY OR CON	CENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS		
Phosphorus, total (as P)	SAMPLE MEASUREMENT	****	****		*****	*****	1.8		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	*****	*****	1	*****	*****	0.079		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	*****	*****		*****	****	0.26		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	*****	****		****	*****	0.0013		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	****	****		*****	****	0.015		0	02/30	24	11. 12.
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	*****	*****		****	*****	0.001		0	02/30	24	
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	9	*****	*****	0.015 DAILY MX	mg/L		Once Per Month	COMP24	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of la	w that this docum	ent and all attachme	ents were prepared u	nder my direction or			-		4	DA	TE
George A. Goode Division Manager	supervision in accordance and evaluate the informati		5			stem, or	1	y 13.	14	orde	2007 6	18 22
Environmental & Waste Management	those persons directly resp	ponsible for gathe	ring the information,	the information sub-	mitted is, to the best o	my	/				YEAR I	MO DAY
Services Division	knowledge and belief, true	, accurate, and co	omplete. I am aware	that there are signif	icant penalties for sub	mitting	SIGNAT	URE OF PRIN	CIPAL E	XECUTIVE	TELEP	HONE
Typed or Printed	false information, including	g the possibliity of	fine and imprisonm	ent for knowing viola	tions.		OFFI	CER OR AUTH	IORIZED	AGENT	631-34	4-4549

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.

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

NAME

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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

PERMIT NUMBER	DISCHARGE NUMBER
NY0005835	001M

	M	ONITORIN	G PERIOD		
occidental series	FROM			ТО	
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	31

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DMR MAILING ZIP CODE: 11973

MAJOR (SUBR 01)

PROCESS SANIT & STORMWTR RNOFF

External Outfall

No Discharge

PARAMETER		QUA	NTITY OR LO	ADING	QUA	ALITY OR COM	NCENTRATION	N	NO. EX	FREQUENCY	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS			
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	1	
Toluene	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1		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		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	0.42	0.82		*****	*****	*****		0	99/99	RC		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	2.3 DAILY MX	Mgal/d	*****	*****	*****			Continuous	RCORDE	3	
Mercury, total (as Hg) SEE NOTE #1	SAMPLE MEASUREMENT	****	****		*****	*****	0.00008		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	I certify under penalty of	law that this docum	ent and all attachme	ents were prepared ur	nder my direction or	1		100				DATE	
George A. Goode	supervision in accordance	e with a system des	signed to assure tha	t qualified personnel	properly gather		M	14.	1	2 0.	2007	68	22
Division Manager	and evaluate the informa	tion submitted. Bas	sed on my inquiry of	the person or persor	s who manage the s	ystem, or	/	107	1	noon	YEAR	MO	
Environmental & Waste Management		e persons directly responsible for gathering the information, the information submitted is, to the best of my											DAY
Services Division	knowledge and belief, tru	e, accurate, and co	mplete. I am aware	that there are signific	cant penalties for sub	mitting	SIGNATURE OF PRINCIPAL EXECUTIVE				TELEPHONE		
Typed or Printed	false information, includi	ng the possibliity of	fine and imprisonme	ent for knowing violat	ions.		OFF	ICER OR AUTH	IORIZED	AGENT	631	-344-45	49

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

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

NAME

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

	M	ONITORIN	G PERIOD					
	FROM		TO					
YEAR	MO	DAY	YEAR	MO	DAY			
07	07	01	07	07	31			

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DMR MAILING ZIP CODE: 11973

MAJOR

(SUBR 01)

PROCESS SANIT & STORMWTR RNOFF

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUA	LITY OR CON	ICENTRATION	ı	NO. EX	FREQUENCY OF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS	
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	****	****		>96	*****	****		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	****	****		>99	*****	****		0	01/30	CA
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****		85 MO AV MN	*****	*****	%		Once Per Month	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or	1 1		DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	Mars Goods	7 -	00	2.2
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	1000	600 1	00	-
Environmental & Waste Management	those persons directly responsible for gathering the information, the information submitted is, to the best of my		YEAR	MO	DAY
Services Division	knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting	SIGNATURE OF PRINCIPAL EXECUTIVE	TELEPHONE		٤
Typed or Printed	false information, including the possibliity of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	63	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.

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NAME

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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

PERMIT NUMBER	DISCHARGE NUMBER	
NY0005835	002M	

	M	ONITORIN	G PERIOD					
	FROM		ТО					
YEAR	MO	DAY	YEAR	MO	DAY			
07	07	01	07	07	31			

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DMR MAILING ZIP CODE: 11973

MAJOR (SUBR 01)

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

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUA	LITY OR COM	CENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1	ANALYSIS	
pH	SAMPLE MEASUREMENT	*****	*****		6.7	****	7.3		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	****	*****		****	*****	2.0		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	0.03	*****		*****	****	*****		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	I certify under penalty of law that this document and all attachments were prepared under my direction or	4		DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	10 . 10	2 .	. 0	-
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	1 44 Vittle	2007	08	24
Environmental & Waste Management	those persons directly responsible for gathering the information, the information submitted is, to the best of my	/	YEAR	MO	DAY
Services Division	knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting	SIGNATURE OF PRINCIPAL EXECUTIVE	TE	TELEPHONE	
Typed or Printed	false information, including the possibliity of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	63	1-344-4549	9
Comments and Evalenation of any violeti	and (Defended all attack and the land)				

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

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

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

NAME

BROOKHAVEN NATIONAL LABORATORY

ADDRESS 53 BELL AVENUE, BLDG 464

UPTON, NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

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MICHAEL HOLLAND, OFFICE MGR

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	M	ONITORIN	G PERIOD					
	FROM		TO					
YEAR	MO	DAY	YEAR	MO	DAY			
07	07	01	07	07	31			

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DMR MAILING ZIP CODE: 11973

MAJOR

(SUBR 01)

NSLS COOLING TOWR BLDN ETC (HS)

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUA	LITY OR COM	CENTRATION		NO. EX		SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS		
pH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	8.4	- 1	0	04/30	GR	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	7	Req. Mon. MINIMUM	*****	8.5 MAXIMUM	SU		Once Per Month	GRAB	
Oil & grease SEE NOTE #1	SAMPLE MEASUREMENT	****	*****		*****	*****	2.7		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	0.26	*****		****	*****	*****		0	04/30	RC	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AV	*****	Mgal/d	*****	*****	*****			Once Per Month	RCORDF	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or	1 1 -		DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	My More.	7	. 0	71
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	1 - 10+ 1 colac	2000	01	00
Environmental & Waste Management	those persons directly responsible for gathering the information, the information submitted is, to the best of my	/	YEAR	MO	DAY
Services Division	knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting	SIGNATURE OF PRINCIPAL EXECUTIVE	TE	TELEPHONE	
Typed or Printed	false information, including the possibliity of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	63	1-344-4549	è

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

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

NAME

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

	M	ONITORIN	G PERIOD		
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	31

Page 8

DMR MAILING ZIP CODE: 11973

MAJOR

(SUBR 01)

WATER TREATMENT PLT BKWSH (HX)

External Outfall

No Discharge

PARAMETER		QUA	ANTITY OR LOA	ADING	QUA	LITY OR COI	NCENTRATION	ı	NO. EX	FREQUENCY OF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS	
Flow rate	SAMPLE MEASUREMENT	*****	240000	*****	****	*****	****		0	16/30	IN
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	****			Once Per Month	INSTAN
pH	SAMPLE MEASUREMENT	*****	****	*****	7.9	*****	7.9		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	I certify under penalty of law that this document and all attachments were prepared under my direction or	1		DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	10 m 1 1	7007	62	7.7-
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	1 4th withe	200 /	0 0	
Environmental & Waste Management	those persons directly responsible for gathering the information, the information submitted is, to the best of my		YEAR	MO	DAY
Services Division	knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting	SIGNATURE OF PRINCIPAL EXECUTIVE	TE	LEPHONE	
Typed or Printed	false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	63	1-344-4549	9

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

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

PERMIT NUMBER	DISCHARGE NUMBER
NY0005835	008M

	M	ONITORIN	G PERIOD	,	
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	31

Page 9

DMR MAILING ZIP CODE: 11973

MAJOR

(SUBR 01)

STORMWTR RUNOFF WAREHOUSE (HW)

External Outfall

No Discharge

PARAMETER		QUA	ANTITY OR LO	ADING	QUA	LITY OR COM	NCENTRATION	ſ	NO. EX	FREQUENCY OF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS	
Flow rate SEE NOTE #2	SAMPLE MEASUREMENT	*****	3300000		****	*****	*****		0	01/30	IN
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Once Per Month	INSTAN
рН	SAMPLE MEASUREMENT	*****	*****		7.2	****	7.2		0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	8.5 MAXIMUM	SU		Once Per Month	GRAB
Oil & grease SEE NOTE #1	SAMPLE MEASUREMENT	****	****	,	****	*****	3.4		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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or			DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	My 14 Morde	2	00	22
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	100 107 / Will	2007	00	2
Environmental & Waste Management	those persons directly responsible for gathering the information, the information submitted is, to the best of my	,	YEAR	MO	DAY
Services Division	knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting	SIGNATURE OF PRINCIPAL EXECUTIVE		LEPHONE	Ē
Typed or Printed	false information, including the possibliity of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	63	1-344-4549	Ð

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

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

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

NAME

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

PE	RMIT NUMBER	DISCHARGE NUMBER
	NY0005835	010M

	M	ONITORIN	G PERIOD		
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	31

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DMR MAILING ZIP CODE: 11973

MAJOR (SUBR 01)

STORMWTR R O CENTRAL STEAM (H)

External Outfall

No Discharge

PARAMETER		QU	ANTITY OR LOA	ADING	QUA	LITY OR CO	NCENTRATION		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1	ANALYSIS	
Flow rate SEE NOTE #2	SAMPLE MEASUREMENT	*****	115000		****	*****	****		0	01/30	IN
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Once Per Month	INSTAN
pH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.0		0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	8.5 MAXIMUM	SU		Once Per Month	GRAB
Oil & grease SEE NOTE #	SAMPLE 1 MEASUREMENT	*****	*****		****	*****	2.3		0	01/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Once Per Month	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or			DATE	
supervision in accordance with a system designed to assure that qualified personnel properly gather	12 1 10	7	Co	9.0
and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	10 has books	4007	08	12
those persons directly responsible for gathering the information, the information submitted is, to the best of my	/	YEAR	MO	DAY
knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting	SIGNATURE OF PRINCIPAL EXECUTIVE	TE		
false information, including the possibliity of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT			
	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.	supervision in accordance with a system designed to assure that qualified personnel property 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 SIGNATURE OF PRINCIPAL EXECUTIVE	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 SIGNATURE OF PRINCIPAL EXECUTIVE TE	supervision in accordance with a system designed to assure that qualified personnel property 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 SIGNATURE OF PRINCIPAL EXECUTIVE TELEPHONE

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

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

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

NAME

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	06AM
PERMIT NUMBER	DISCHARGE NUMBER

	M	ONITORIN	IG PERIOD			
	FROM		TO			
YEAR	MO	DAY	YEAR	MO	DAY	
07	07	01	07	07	31	

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DMR MAILING ZIP CODE: 11973

MAJOR

(SUBR 01)

LINAC NCCW, FLOOR DNS,ETC (HT1)

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUA	QUALITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS	
рН	SAMPLE MEASUREMENT	****	****		7.5	*****	7.8		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	****	*****		*****	*****	2.5		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	0.11	*****		*****	*****	*****		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	I certify under penalty of law that this document and all attachments were prepared under my direction or	1		DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	Mala home	2	20	77
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	1 THE MIDE	2007	08	66
Environmental & Waste Management	those persons directly responsible for gathering the information, the information submitted is, to the best of my		YEAR	MO	DAY
Services Division	knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting	SIGNATURE OF PRINCIPAL EXECUTIVE	TE	LEPHONE	E
Typed or Printed	false information, including the possibliity of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	63	1-344-4549	9

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

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

NAME 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	06BM
PERMIT NUMBER	DISCHARGE NUMBER

	M	ONITORIN	G PERIOD						
	FROM			TO					
YEAR	MO	MO	MO	MO	MO	DAY	YEAR	MO	DAY
07	07	01	07	07	31				

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DMR MAILING ZIP CODE: 11973

MAJOR (SUBR 01)

COOLING TOWR FROM 919 ETC (HT2)

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
pH	SAMPLE MEASUREMENT	*****	****		7.5	****	7.8		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	*****	*****		*****	*****	2.6		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	0.14	****		*****	*****	*****		0	04/30	RC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	Mgal/d	*****	*****	*****			Once Per Month	RCORDE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or	4 4 0		DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	Man Kard.	7007	- Da	*9 5
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	100de	2001	0 ,	06
Environmental & Waste Management	those persons directly responsible for gathering the information, the information submitted is, to the best of my		YEAR	MO	DAY
Services Division	knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting	SIGNATURE OF PRINCIPAL EXECUTIVE	TE	LEPHONE	
Typed or Printed	false information, including the possibliity of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	63	1-344-4549	,

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 JULY 2007

ANALYTICAL RESULTS FROM H2M LABS

AND GENERAL ENGINEERING LABORATORIES, LLC

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

7/6/07 and 7/9/07

FROM OUTFALL 001

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

LABORATORY RESULTS

Brookhaven National Lab.-BNLS

Lab No. : 0707830-001

Sample Information...

70 Bell Ave.

Type: Aqueous

Origin:

Upton, NY 11973 Attn To: Bob Lee

Client ID. : 24419-001

Collected : 7/6/2007 10:15:00 AM

Received : 7/6/2007 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	07/06/2007 6:05 PM
Nitrogen, Total	7.4		1	mg/L	M4500-N C	07/13/2007
Nitrogen, Ammonia (As N)	0.15		1	mg/L	E350.1	07/10/2007 2:50 PM
Nitrite as N	< 0.01		1	mg/L	E353.2	07/07/2007 10:01 AM
Nitrate as N	6.48		10	mg/L	E353.2	07/11/2007 12:46 PM
Nitrogen, Kjeldahl, Total	0.90		1	mg/L	E351.2	07/13/2007 10:14 AM

Outfall 001 Sampled 7/6/07 24 hour composite

Qualifiers:

E - Value above quantitation range

D - Results for Dilution

D.F. = Dilution Factor

Date Reported:

7/17/2007

Joann M. Slavin

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. : 0707898-001

Sample Information...
Type: Aqueous

Origin:

Client ID. : 24430-001

Collected : 7/9/2007 11:25:00 AM Received : 7/9/2007 3:20:00 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	07/11/2007 11:20 AM
Nitrogen, Total	6.7		1	mg/L	M4500-N C	07/13/2007
Nitrogen, Ammonia (As N)	0.19		1	mg/L	E350.1	07/10/2007 2:53 PM
Nitrite as N	< 0.01		1	mg/L	E353.2	07/10/2007 12:06 PM
Nitrate as N	5.82		10	mg/L	E353.2	07/11/2007 12:52 PM
Nitrogen, Kjeldahl, Total	0.91		1	mg/L	E351.2	07/13/2007 10:17 AM

Ontfall 00/ Sampled 7/9/07 24 hour composite

Qualifiers:

E - Value above quantitation range

D - Results for Dilution

D.F. = Dilution Factor

Date Reported:

7/17/2007

Joann M. Slavin

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

LABORATORY RESULTS

Lab No.: 0707830-002

Sample Information...

Type: Aqueous

Origin:

Brookhaven National Lab.-BNLS

70 Bell Ave.

Upton, NY 11973

Attn To:

Bob Lee

Client ID. : 24419-002

Collected :7/6/2007 1:20:00 PM Received : 7/6/2007 3:15:00 PM

Collected By Client

Copies To :Original CC

Parameter(s) Fecal Coliform

Results < 2

Qualifier D.F.

Units MPN Method Number

Analyzed

M9221 C

07/06/2007 4:15 PM

Outfall 00/ Sampled 7/6/07 Grab

Qualifiers:

E - Value above quantitation range

D - Results for Dilution

D.F. = Dilution Factor

Date Reported: 7/17/2007

Joann M. Slavin

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

Brookhaven National Lab.-BNLS

70 Bell Ave.

Upton, NY 11973

Attn To : Bob Lee

LABORATORY RESULTS

Lab No. : 0707898-002

Sample Information...

Type: Aqueous

Origin:

Client ID. : 24430-002

Collected :7/9/2007 1:40:00 PM Received : 7/9/2007 3:20:00 PM

Collected By Client

Copies To :Original

CC

Parameter(s)

Fecal Coliform

Results

Qualifier D.F.

Units

Method Number

Analyzed

< 2

MPN 1

M9221 C

07/09/2007 4:15 PM

Outfall 001 Sampled 7/9/07 Corab

Qualifiers:

E - Value above quantitation range

D - Results for Dilution

D.F. = Dilution Factor

Date Reported: 7/17/2007

Joann M. Slavin

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. : 0707830-003

Sample Information...

Type: Aqueous

Origin:

Client ID. : 24419-003

Collected : 7/6/2007 10:45:00 AM Received

Collected By Client

:7/6/2007 3:15:00 PM

Copies To :Original

CC

Parameter(s)

Results

Qualifier D.F.

Units

Method Number

Analyzed

Biochemical Oxygen Demand

41

1 mg/L E405.1

07/06/2007 6:15 PM

STP Influent Sampled 7/6/07 24 hour composite

Qualifiers:

E - Value above quantitation range

D - Results for Dilution

D.F. = Dilution Factor

Date Reported: 7/17/2007

Joann M. Slavin

BNLS875 A20

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

Lab No. : 0707898-003

Sample Information...

Type: Aqueous

Origin:

Attn To: Bob Lee

Client ID. : 24430-003

Collected

:7/9/2007 11:35:00 AM

Received

:7/9/2007 3:20:00 PM

Collected By Client

Copies To :Original

CC

Parameter(s)	Results	Qualifier	D.F.	Units	Method Number	Analyzed
Biochemical Oxygen Demand	49		1	mg/L	E405.1	07/11/2007 11:25 AM

STP Frequent Sampled 7/9/07 24 hour composite

Qualifiers:

E - Value above quantitation range

D - Results for Dilution

D.F. = Dilution Factor

Date Reported :

7/17/2007

Joann M. Slavin

Data File:

WATER

Page 1

of 1

Volatile

Certificate of Analysis Sample Summary

SDG Number: 189169

Lab Sample ID: 189169002

Client Sample: STP Effluent

Client ID: 24420-002

Batch ID: 649833

Run Date: 07/11/2007 07:33

Prep Date: 07/11/2007 07:33

5r244.d

 Date Collected:
 07/06/2007 13:20

 Date Received:
 07/07/2007 09:15

 Client:
 BRKL005

 Method:
 EPA 624

 Inst:
 VOA5.I

 Analyst:
 DXK1

Column:

DB-624

Project: SOP Ref: Dilution: Purge Vol:

Matrix:

Level:

BRKL00504 GL-OA-E-026

1 5 mL

LOW

CAS No. Parmname Qualifier Result Units MDL/LOD PQL/LOQ 74-87-3 Chloromethane U 1.00 ug/L 0.500 1.00 U 1.00 0.500 1.00 75-01-4 Vinyl chloride ug/L 74-83-9 Bromomethane U 1.00 0.500 1.00 ug/L 75-00-3 Chloroethane U 1.00 0.500 1.00 ug/L U 0.310 1.00 75-69-4 Trichlorofluoromethane 1.00 ug/L U 67-64-1 Acetone 5.00 ug/L 1 25 5.00 75-05-8 Acetonitrile U 25.0 6.25 25.0 ug/L 75-35-4 1,1-Dichloroethylene U 1.00 0.300 1.00 ug/L U 2.00 2.00 2.00 75-09-2 Methylene chloride ug/L U 5.00 0.250 5.00 1634-04-4 tert-Butyl methyl ether ug/L U 156-60-5 trans-1,2-Dichloroethylene 1.00 ug/L 0.300 1.00 75-34-3 1,1-Dichloroethane U 1.00 0.300 1.00 ug/L U 78-93-3 2-Butanone 5.00 ug/L 1.25 5.00 Chloroform U 1.00 0.250 1.00 67-66-3 ug/L U 71-55-6 1,1,1-Trichloroethane 1.00 0.300 1.00 ug/L 56-23-5 Carbon tetrachloride U 1.00 ug/L 0.250 1.00 U 1.00 1.00 107-06-2 1,2-Dichloroethane 0.250 ug/L U 1.00 1.00 71-43-2 Benzene ug/L 0.300 U 1.00 0.250 1.00 79-01-6 Trichloroethylene ug/L U 78-87-5 1,2-Dichloropropane 1.00 ug/L 0.250 1.00 Bromodichloromethane U 1.00 0.250 1.00 75-27-4 ug/L U 5.00 1.50 5.00 110-75-8 2-Chloroethylvinyl ether ug/L U 5.00 1.25 5.00 108-10-1 4-Methyl-2-pentanone ug/L 10061-01-5 cis-1,3-Dichloropropylene U 1.00 ug/L 0.250 1.00 U 1.00 1.00 108-88-3 Toluene ug/L 0.250 10061-02-6 U 1.00 ug/L 0.250 1.00 trans-1,3-Dichloropropylene U 0.250 1.00 79-00-5 1,1,2-Trichloroethane 1.00 ug/L 591-78-6 2-Hexanone U 5.00 ug/L 1.25 5.00 U 1.00 0.250 1.00 127-18-4 Tetrachloroethylene ug/L 124-48-1 Dibromochloromethane U 1.00 0.250 1.00 ug/L U 0.250 1.00 108-90-7 Chlorobenzene 1.00 ug/L 100-41-4 Ethylbenzene U 1.00 ug/L 0.250 1.00 75-25-2 U 1.00 0.250 1.00 Bromoform ug/L U 1.00 79-34-5 1.00 0.250 1.1.2.2-Tetrachloroethane ug/L U 0.250 541-73-1 1,3-Dichlorobenzene 1.00 ug/L 1.00 106-46-7 1,4-Dichlorobenzene U 1.00 ug/L 0.250 1.00

U

1.00

Outfall 001 Sampled 7/6/07 Brab

ug/L

0.250

1.00

1,2-Dichlorobenzene

95-50-1

WATER

Page 1

of 1

Volatile Certificate of Analysis Sample Summary

Date Collected: 07/09/2007 13:40

Column:

 SDG Number:
 189287

 Lab Sample ID:
 189287002

 Client Sample:
 STP Effluent

 Client ID:
 24429-002

 Batch ID:
 649833

 Run Date:
 07/11/2007 08:48

Prep Date: 07/11/2007 08:48
Data File: 5r247.d

 Date Received:
 07/10/2007 10:00

 Client:
 BRKL005

 Method:
 EPA 624

 Inst:
 VOA5.I

 Analyst:
 DXK1

DB-624

Project: SOP Ref: Dilution: Purge Vol:

Level:

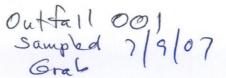
Matrix:

BRKL00504 GL-OA-E-026

ge Vol: 5 mL

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	J	2.30	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	U	2.00	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	



SDG No: 189169 **METHOD TYPE:** SW846

SAMPLE ID: 189169001 CLIENT ID: 24420-001

CONTRACT: BRKL00504

MATRIX:W DATE RECEIVED 07-JUL-07 LEVEL: Low %SOLIDS:

CAS No	Analyte	Result	<u>Units</u>	<u>C</u>	Qual	<u>M</u>	MDL	DF	Instrument ID	Analytical Run
7429-90-5	Aluminum	68	ug/L	U		P	68	1	OPTIMA1	071007A-2
7440-36-0	Antimony	4	ug/L	U		P	4	1	OPTIMA1	071007A-2
7440-38-2	Arsenic	1.9	ug/L	В		MS	1.5	1	ICPMS5	070711-4
7440-39-3	Barium	16.1	ug/L	В		P	1	1	OPTIMA1	071007A-2
7440-41-7	Beryllium	1	ug/L	U		P	1	1	OPTIMA1	071007A-2
7440-43-9	Cadmium	1	ug/L	U		P	1	1	OPTIMA1	071007A-2
7440-70-2	Calcium	13100	ug/L			P	36	1	OPTIMA1	071007A-2
7440-47-3	Chromium	1	ug/L	U		P	1	1	OPTIMA1	071007A-2
7440-48-4	Cobalt	1	ug/L	U		P	1.	1	OPTIMA1	071007A-2
7440-50-8	Copper	79	ug/L			P	3	1	OPTIMA1	071007A-2
7439-89-6	Iron	261	ug/L			P	18	1	OPTIMA1	071007A-2
7439-92-1	Lead	1.3	ug/L	В		MS	0.5	1	ICPMS5	070711-3
7439-95-4	Magnesium	3480	ug/L	В		P	85	1	OPTIMA1	071007A-2
7439-96-5	Manganese	3.3	ug/L	В		P	2	1	OPTIMA1	071007A-2
7439-97-6	Mercury	0.030	ug/L	U		AV	0.03	1	MER536	072507W1-1
7440-02-0	Nickel	14.9	ug/L	В		P	1	1	OPTIMA1	071007A-2
7440-09-7	Potassium	5470	ug/L			P	50	1	OPTIMA1	071007A-2
7782-49-2	Selenium	2.5	ug/L	U		MS	2.5	1	ICPMS5	070711-4
7440-22-4	Silver	1.4	ug/L	В		P	1	1	OPTIMA1	071007A-2
7440-23-5	Sodium	36400	ug/L			P	45	1	OPTIMA1	071007A-2
7440-28-0	Thallium	0.40	ug/L	U		MS	0.4	1	ICPMS5	070711-3
7440-31-5	Tin	2.5	ug/L	U		P	2.5	1	OPTIMA1	071007A-2
7440-62-2	Vanadium	5.1	ug/L	В		P	1	1	OPTIMA1	071007A-2
7440-66-6	Zinc	39	ug/L			P	2	1	OPTIMA1	071007A-2

Outfall 001 Sampled 7/6/07 24 hour composite

SDG No: 189287 **METHOD TYPE:** SW846

SAMPLE ID: 189287001 CLIENT ID: 24429-001

CONTRACT: BRKL00504

MATRIX:W DATE RECEIVED 10-JUL-07 LEVEL: Low %SOLIDS:

CAS No	Analyte	Result	<u>Units</u>	<u>C</u>	Qual	<u>M</u>	MDL	<u>DF</u>	Instrument ID	Analytical Run
7429-90-5	Aluminum	68	ug/L	U		P	68	1	TRACE2	072407-1
7440-36-0	Antimony	3	ug/L	U		P	3	1	TRACE2	072407-1
7440-38-2	Arsenic	1.5	ug/L	U		MS	1.5	1	ICPMS6	070724-4
7440-39-3	Barium	16.1	ug/L	В		P	1	1	TRACE2	072407-1
7440-41-7	Beryllium	1	ug/L	U		P	1	1	TRACE2	072407-1
7440-43-9	Cadmium	1	ug/L	U		P	1	1	TRACE2	072407-1
7440-70-2	Calcium	12300	ug/L			P	30	1	TRACE2	072407-1
7440-47-3	Chromium	1.2	ug/L	В		P	1	1	TRACE2	072407-1
7440-48-4	Cobalt	1	ug/L	U		P	1	1	TRACE2	072407-1
7440-50-8	Copper	58.4	ug/L			P	3	1	TRACE2	072407-1
7439-89-6	Iron	158	ug/L			P	25	1	TRACE2	072407-1
7439-92-1	Lead	0.890	ug/L	В		MS	0.5	1	ICPMS6	070724-4
7439-95-4	Magnesium	3360	ug/L	В		P	85	1	TRACE2	072407-1
7439-96-5	Manganese	3.2	ug/L	В		P	2	1	TRACE2	072407-1
7439-97-6	Mercury	0.081	ug/L	В		AV	0.03	1	MER179	072507W2-3
7440-02-0	Nickel	13.8	ug/L	В		P	1	1	TRACE2	072407-1
7440-09-7	Potassium	5420	ug/L			P	50	1	TRACE2	072407-1
7782-49-2	Selenium	1	ug/L	U		MS	1	1	ICPMS6	070724-4
7440-22-4	Silver	1.4	ug/L	В		P	1	1	TRACE2	072407-1
7440-23-5	Sodium	34800	ug/L			P	45	1	TRACE2	072607-2
7440-28-0	Thallium	0.520	ug/L	В		MS	0.3	1	ICPMS6	070724-4
7440-31-5	Tin	2.5	ug/L	U		P	2.5	1	TRACE2	072407-1
7440-62-2	Vanadium	10.9	ug/L	В		P	1 -	1	TRACE2	072407-1
7440-66-6	Zinc	35.5	ug/L			P	2	1	TRACE2	072407-1

Outfall 001 Sampled 7/9/07 24 hour composite

SDG No: 189169

METHOD TYPE: SW846

SAMPLE ID: 189169003

CLIENT ID: 24420-003

CONTRACT: BRKL00504

MATRIX:W

DATE RECEIVED 07-JUL-07

LEVEL: Low %SOLIDS:

Approximately and the second										
CAS No	Analyte	Result	Units	<u>C</u>	Qual	M	MDL	DF	Instrument ID	Analytical Run
7429-90-5	Aluminum	203	ug/L			P	68	1	OPTIMA1	071007A-2
7440-36-0	Antimony	4	ug/L	U		P	4	1	OPTIMA1	071007A-2
7440-38-2	Arsenic	2.2	ug/L	В		MS	1.5	1	ICPMS5	070711-4
7440-39-3	Barium	51.7	ug/L	В		P	1	1	OPTIMA1	071007A-2
7440-41-7	Beryllium	1	ug/L	U		P	1	1	OPTIMA1	071007A-2
7440-43-9	Cadmium	1	ug/L	U		P	1	1	OPTIMA1	071007A-2
7440-70-2	Calcium	9470	ug/L			P	36	1	OPTIMA1	071007A-2
7440-47-3	Chromium	1.3	ug/L	В		P	1	1	OPTIMA1	071007A-2
7440-48-4	Cobalt	1	ug/L	U		P	1	1	OPTIMA1	071007A-2
7440-50-8	Copper	152	ug/L			P	3	. 1	OPTIMA1	071007A-2
7439-89-6	Iron	2030	ug/L			P	18	1	OPTIMA1	071007A-2
7439-92-1	Lead	21.9	ug/L			MS	0.5	1	ICPMS5	070711-3
7439-95-4	Magnesium	3170	ug/L	В		P	85	1	OPTIMA1	071007A-2
7439-96-5	Manganese	57.1	ug/L			P	2	1	OPTIMA1	071007A-2
7439-97-6	Mercury	0.590	ug/L			AV	0.03	1	MER536	072507W1-1
7440-02-0	Nickel	6.4	ug/L	В		P	1	1	OPTIMA1	071007A-2
7440-09-7	Potassium	5840	ug/L			P	50	1	OPTIMA1	071007A-2
7782-49-2	Selenium	2.5	ug/L	U		MS	2.5	1	ICPMS5	070711-4
7440-22-4	Silver	1	ug/L	U		P	1	1	OPTIMAI	071007A-2
7440-23-5	Sodium	28600	ug/L			P	45	1	OPTIMA1	071007A-2
7440-28-0	Thallium	0.40	ug/L	U		MS	0.4	1	ICPMS5	070711-3
7440-31-5	Tin	2.5	ug/L	U		P	2.5	1	OPTIMA1	071007A-2
7440-62-2	Vanadium	2.2	ug/L	В		P	1	1	OPTIMA1	071007A-2
7440-66-6	Zinc	158	ug/L			P	2	1	OPTIMA1	071007A-2

Stp Influent Sampled 7/6/07 24 hour composite

SDG No: 189287 **METHOD TYPE:** SW846

SAMPLE ID: 189287003 CLIENT ID: 24429–003

CONTRACT: BRKL00504

MATRIX:W DATE RECEIVED 10-JUL-07 LEVEL: Low %SOLIDS:

CAS No	Analyte	Result	Units	<u>C</u>	Qual	M	MDL	DF	Instrument ID	Analytical Run
7429-90-5	Aluminum	436	ug/L			P	68	1	TRACE2	072407-1
7440-36-0	Antimony	3	ug/L	U		P	3	1	TRACE2	072407-1
7440-38-2	Arsenic	2.2	ug/L	В		MS	1.5	1	ICPMS6	070724-4
7440-39-3	Barium	70.2	ug/L	В		P	1	1	TRACE2	072407-1
7440-41-7	Beryllium	1	ug/L	U		P	1	1	TRACE2	072407-1
7440-43-9	Cadmium	1	ug/L	U		P	1	1	TRACE2	072407-1
7440-70-2	Calcium	10600	ug/L			P	30	1	TRACE2	072407-1
7440-47-3	Chromium	3.9	ug/L	В		P	1	1	TRACE2	072407-1
7440-48-4	Cobalt	1	ug/L	U		P	1	1	TRACE2	072407-1
7440-50-8	Copper	623	ug/L			P	3	1	TRACE2	072407-1
7439-89-6	Iron	2650	ug/L			P	25	1	TRACE2	072407-1
7439-92-1	Lead	28.8	ug/L			MS	0.5	1	ICPMS6	070724-4
7439-95-4	Magnesium	3930	ug/L	В		P	85	1	TRACE2	072407-1
7439-96-5	Manganese	58.4	ug/L			P	2	1	TRACE2	072407-1
7439-97-6	Mercury	0.370	ug/L			AV	0.03	1	MER179	072507W2-3
7440-02-0	Nickel	10.9	ug/L	В		P	1	1	TRACE2	072407-1
7440-09-7	Potassium	4630	ug/L	В		P	50	1	TRACE2	072407-1
7782-49-2	Selenium	1	ug/L	U		MS	1	1	ICPMS6	070724-4
7440-22-4	Silver	2.9	ug/L	В		P	1	1	TRACE2	072407-1
7440-23-5	Sodium	33600	ug/L			P	45	1	TRACE2	072607-2
7440-28-0	Thallium	0.30	ug/L	U		MS	0.3	1	ICPMS6	070724-4
7440-31-5	Tin	5.6	ug/L	В		P	2.5	1	TRACE2	072407-1
7440-62-2	Vanadium	6.8	ug/L	В		P	1	1	TRACE2	072407-1
7440-66-6	Zinc	228	ug/L			P	2	1	TRACE2	072407-1

STP Influent Sampled 7/9/07 24 hour composite

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

Client Sample ID:

Sample ID:

Matrix: Collect Date:

Receive Date: Collector:

24420-001 189169001

Water

06-JUL-07 10:15 07-JUL-07 09:15

Report Date: July 18, 2007

Project: BRKL0050 Client ID: BRKL005

BRKL00504 24420

COC: Samp Recv.:

Client Desc.: STP Effluent

	Concetor.	CHEIR							
Parameter	Qualifier	Result	DL	RL	Units	DF AnalystDate	Time	Batch	Method
Nutrient Analysis Fe	ederal						,		
EPA 365.4 Phospho Phosphorus, Total a Solids Analysis Fede	is P	1.76	0.024	0.050	mg/L	1 AXH3 07/10	0/07 1046	649362	2 1
EPA 160.2 Total Su Total Suspended So		0.100	0.570	2.50	mg/L	NXM 07/11	/07 1156	649256	5 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	07/09/07	2217	649361

Method	Description	Analyst Comments	
1	EPA 365.4		
2	EPA 160.2		

Outfall 001 Sampled 7/6/07 24 hour composite

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

Client Sample ID:

Sample ID:

24429-001 189287001

Matrix: Collect Date:

Water 09-JUL-07 11:25

Receive Date: Collector:

10-JUL-07 10:00

Report Date: July 23, 2007

Project: Client ID: BRKL00504 BRKL005

COC: Samp Recv.: 24429

Client Desc.: STP Effluent

	Collector.	Client								
Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Nutrient Analysis Federa	1		39							
EPA 365.4 Phosphorus,	Total in									
Phosphorus, Total as P		1.54	0.024	0.050	mg/L	1	AXH3 07/13/0	7 0931	64976	5 1
Solids Analysis Federal										
EPA 160.2 Total Suspend	ded Liq									
Total Suspended Solids	U	0.206	0.588	2.58	mg/L		NXM 07/11/0	7 1143	64996	1 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 07/12/07 2014 649764

The following Analytical Methods were performed

	The state of the s		
Method	Description	Analyst Comments	
1	EPA 365.4		
2	EPA 160.2		

Outfall 001 Sampled 7/9/07 24 hour composite

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

Client Sample ID:

Sample ID:

24420-002 189169002

Water

Matrix: Collect Date: Receive Date:

06-JUL-07 13:20 07-JUL-07 09:15

Collector:

Client

Project: Client ID:

ug/L

Analyst Comments

BRKL00504 BRKL005 24420

Report Date: July 18, 2007

COC: Samp Recv.:

Client Desc.: STP Effluent

Parameter **Qualifier** Result DL RL Units DF Time Batch Method AnalystDate

Flow Injection Analysis Federal

SW9012A Cyanide, Total Federal

Cyanide, Total

1

0.846

1.50

5.00

1 KLP1 07/10/07 1436 649243

The following Prep Methods were performed

Method Description Analyst Date Time Prep Batch SW846 9010B Prep SW846 9010B Prep NXM1 07/09/07 1608 649238

The following Analytical Methods were performed

Method Description

SW846 9012A

Outfall 001 Sampled 7/6/07 Grab

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

Client Sample ID:

Sample ID:

Matrix: Collect Date:

Receive Date:

189287002 Water

24429-002

09-JUL-07 13:40 10-JUL-07 10:00

Client

Report Date: July 23, 2007

Project:

BRKL00504 Client ID: BRKL005 24429

COC: Samp Recv.:

Client Desc.: STP Effluent

Collector: Parameter Qualifier Result DL RL Units DF AnalystDate Time Batch Method Flow Injection Analysis Federal SW9012A Cyanide, Total Federal ug/L 1 KLP1 07/13/07 1054 649915 Cyanide, Total 0.282 1.50 5.00

The following Prep Methods were performed

Method Description Analyst Date Time **Prep Batch** SW846 9010B Prep SW846 9010B Prep KXL2 07/12/07 1808 649914

The following Analytical Methods were performed

Method **Analyst Comments** Description 1 SW846 9012A

Outfall 00/ Sampled 7/9/07 Grab

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

Certificate of Analysis

Company: Brookhaven National Laboratory

Address:

Building 51

Upton, New York 11973--5000

Report Date: July 18, 2007

Contact:

Mr. John Burke

Project:

ES SPDES--Summary

Client Sample ID:

24420-003

189169003

Project:

BRKL00504

Sample ID:

Client ID:

BRKL005

Matrix:

24420

Collect Date:

Water 06-JUL-07 10:45 COC: Samp Recv.:

Receive Date: Collector:

Qualifier

07-JUL-07 09:15

Client

Client Desc.: STP Influent

AnalystDate

Solids Analysis Federal

Parameter

1

EPA 160.2 Total Suspended Liq

Total Suspended Solids

72.0

Result

5.70

RL

25.0

DL

mg/L

Units

NXM 07/11/07 1156 649256

Time Batch Method

The following Analytical Methods were performed

Description Method

EPA 160.2

Analyst Comments

STP Influent Sampled 7/6/07 24 hour composite

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

Client Sample ID:

Sample ID:

24429-003 189287003 Water

Matrix: Collect Date:

Receive Date: Callactor

09-JUL-07 11:35 10-JUL-07 10:00

Report Date: July 23, 2007

Project: Client ID:

BRKL00504 BRKL005 24429

COC: Samp Recv.:

Client Desc.: STP Influent

	Collector.	Client								
Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Solids Analysis Fe	deral							,		
EPA 160.2 Total	Suspended Liq									
Total Suspended	Solids	82.7	7.60	33.3	mg/L		NXM 07/11/0	7 1143	649961	1

The following Analytical Methods were performed

Method Description **Analyst Comments**

EPA 160.2

STP Influent Sampled 7/9/07 24 hour composite

ATTACHMENT III

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JULY 2007

ANALYTICAL RESULTS FROM

GENERAL ENGINEERING LABORATORIES, LLC

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED FROM

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

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

Client Sample ID: 24431-003

Sample ID:

189335003

Matrix:

Water

Collect Date:

10-JUL-07 10:33

Receive Date: Collector:

11-JUL-07 09:15 Client

Project:

BRKL00504

Report Date: July 31, 2007

Client ID:

BRKL005 24431

COC: Samp Recv.:

Client Desc.: HN

Parameter Qualifier Result DL RL Units DF AnalystDate Time Batch Method

Oil & Grease Analysis Federal

EPA 1664A n-Hexane Extractable Material (Oil and G

Oil and Grease

J 2.00 0.880

4.00

mg/L

Analyst Comments

EXF1 07/25/07 0834 653823

The following Analytical Methods were performed

Method Description

EPA 1664A

Ontfall 002 (HN) Sampled 7/10/07

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

Client Sample ID:

Sample ID:

24422-001

Matrix:

189894001 Water

Collect Date:

Receive Date:

18-JUL-07 12:30 19-JUL-07 09:30

Project: Client ID:

BRKL00504 BRKL005

24422

COC: Samp Recv.:

Client Desc.: BLDG 1004/1002

	Collector:	Client								
Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Flow Injection Analysis	s Federal									
EPA 420.2 Phenols, To	otal Liquid									
Total Phenol	U	-0.00033	0.00165	0.010	mg/l	1	KLP1 08/01/07	1134	654896	5 1
SW9012A Cyanide, To	tal Federal									
Cyanide, Total	U	-2.32	1.50	5.00	ug/L	1	KLP1 08/01/07	7 1001	65430	1 2
Ion Chromatography F	ederal									
EPA300.0 Bromide Lie	quid Fed									
Bromide	U	0.00	0.066	0.200	mg/L	1	RXM108/02/07	7 1218	653710) 3
Chloride		9.87	0.066	1.00	mg/L	. 1				
Sulfate		11.2	0.100	5.00	mg/L	1				
Nutrient Analysis Fede	ral									
EPA 365.4 Phosphoru.	s, Total in									
Phosphorus, Total as P)	0.051	0.024	0.050	mg/L	1	AXH3 07/20/07	7 1051	652579	9 4
Oil & Grease Analysis	Federal									
EPA 1664A n-Hexane	Extractable Mate	rial (Oil and G								
Oil and Grease	J	3.41	1.04	4.71	mg/L		EXF1 07/31/07	0856	655420	5
Solids Analysis Federal										
EPA 160.2 Total Suspe	ended Liq									
Total Suspended Solid	s U	0.800	1.14	5.00	mg/L		SXS2 07/25/07	1059	652900	0 6
Spectrometric Analysis	Federal									
EPA 376.2 Sulfide Liqu	uid Federal									
Total Sulfide	U	0.00449	0.030	0.100	mg/L	1	BXM207/20/07	1900	652968	3 7
Titration Analysis Fede	eral				8					5 57
EPA 130.2 Total Hard	lness Federal									
Hardness as CaCO3		18.6	1.00	2.00	mg/L		BXM207/30/07	1419	653552	2 8
EPA 377.1 Sulfite Liqu	iid Feder									
Sulfite	HU	0.00	2.00	2.00	mg/L		AXC2 07/19/07	1 1926	652753	3 9
Duillie		0.00	2.00	2.00	mg/L		10102 07/19/07	1720	05275	, ,
The following Prep Me	ethods were perfe	ormed								
Method	Description		A	nalyst	Date	Time	Prep Batch			
EPA 365.4 Prep	EPA 365.4 Pl	nosphorus, Total in liquid-Fe		BXM1	07/19/07	1926	652578			
EPA 420.2 Prep		nenols, Total in liquid-Fed P		KXL2	07/31/07	1653	654893			
SW846 9010B Prep	SW846 90101			KXL2	07/31/07	2000	654300			

Method	Description	Analyst	Date	Time	Prep Batch	
EPA 365.4 Prep	EPA 365.4 Phosphorus, Total in liquid-Fe	BXM1	07/19/07	1926	652578	
EPA 420.2 Prep	EPA 420.2 Phenols, Total in liquid-Fed P	KXL2	07/31/07	1653	654893	
SW846 9010B Prep	SW846 9010B Prep	KXL2	07/31/07	2000	654300	

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

Client Sample ID: Sample ID:

24431-005

189335005

Matrix: Collect Date: Receive Date:

J

Water

10-JUL-07 11:02 11-JUL-07 09:15

Collector:

Client

Project: Client ID:

BRKL00504 BRKL005

Report Date: July 31, 2007

COC: Samp Recv.: 24431

Client Desc.: HS

Parameter Qualifier Result DL RL Units DF AnalystDate Time Batch Method

0.880

Oil & Grease Analysis Federal

EPA 1664A n-Hexane Extractable Material (Oil and G

Oil and Grease

4.00

mg/L

EXF1 07/25/07 1010 653823

The following Analytical Methods were performed

Analyst Comments Method Description

EPA 1664A

Ontfall 005 (HS) Sampled 7/10/07

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

Client Sample ID: Sample ID:

Collect Date:

Qualifier

J

24431-001

189335001

Water

10-JUL-07 10:20 11-JUL-07 09:15

Receive Date: Collector:

Matrix:

Client

Project: Client ID:

BRKL00504 BRKL005

COC: Samp Recv.: 24431

Client Desc.: HT-W

Result

Units DF AnalystDate Time Batch Method

Report Date: July 31, 2007

Oil & Grease Analysis Federal

EPA 1664A n-Hexane Extractable Material (Oil and G

Oil and Grease

Parameter

2.50

0.880

4.00

RL

DL

mg/L

Analyst Comments

EXF1 07/25/07 0834 653823

The following Analytical Methods were performed

Method Description

EPA 1664A

Outfall 006A (HT-W) Sampled 7/10/07

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

Client Sample ID:

Sample ID:

189335002 Water

Matrix: Collect Date:

10-JUL-07 10:26

Receive Date:

J

11-JUL-07 09:15

Collector: Client

24431-002

Project: Client ID:

BRKL00504 BRKL005

AnalystDate

Report Date: July 31, 2007

COC: Samp Recv.: 24431

Client Desc.: HT-E

Parameter Qualifier Oil & Grease Analysis Federal

EPA 1664A n-Hexane Extractable Material (Oil and G

Oil and Grease

1

2.60

Result

0.880

RL

4.00

DL

mg/L

Analyst Comments

Units

EXF1 07/25/07 0834 653823

Time Batch Method

The following Analytical Methods were performed

Method Description

EPA 1664A

Outfall 006B (HT-E) Sampled 7/10/07

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

24453-001

Client Sample ID: Sample ID:

189897001

Matrix: Collect Date: Receive Date: Water

18-JUL-07 12:15

19-JUL-07 09:30 Collector:

Project:

BRKL00504

Report Date: August 3, 2007

Client ID:

BRKL005 24453

COC: Samp Recv.:

Client Desc.: HW

	Collector:	Client
arameter	Qualifier	Result

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Flow Injection Analysis Feder	ral									
EPA 420.2 Phenols, Total Lie	quid									
Total Phenol	•	0.0113	0.0033	0.010	mg/l	1	KLP1 08/01/0	7 1124	654896	5 1
SW9012A Cyanide, Total Fed	deral				U					
Cyanide, Total	U	-0.575	1.50	5.00	ug/L	1	KLP1 08/01/0	7 1004	654301	2
Ion Chromatography Federal					-8	ंै	111111111111111111	, 100,1	05 1501	2
EPA300.0 Bromide Liquid Fe	ed									
r mide	U	0.00	0.066	0.200	mg/L	1	RXM108/02/0	7 1319	653710	3
ride	J	0.914	0.066	1.00	mg/L	1			000,10	
Sulfate	J	2.29	0.100	5.00	mg/L	1				
Nutrient Analysis Federal										
EPA 365.4 Phosphorus, Total	l in									
Phosphorus, Total as P		0.104	0.024	0.050	mg/L	1	AXH3 07/23/01	7 0926	652981	4
Oil & Grease Analysis Federa	l									
BPA 1664A n-Hexane Extract	table Materi	ial (Oil and G								
Oil and Grease	J	3.40	0.880	4.00	mg/L		EXF1 07/31/07	1107	655420	5
Solids Analysis Federal										
EPA 160.2 Total Suspended I	iq	-								
Total Suspended Solids	25	36.9	1.58	6.94	mg/L		SXS2 07/25/07	1059	652900	6
Spectrometric Analysis Federa	al				Ü					
EPA 376.2 Sulfide Liquid Fed	leral									
Total Sulfide		0.000262	0.030	0.100	mg/L	1	BXM207/20/07	1903	652968	7
Titration Analysis Federal					0			1,00	002700	
EPA 130.2 Total Hardness Fe	deral									
Hardness as CaCO3		37.3	2.00	4.00	mg/L		BXM207/30/07	1510	653552	8
EPA 377.1 Sulfite Liquid Fede	er				0				-55554	U
Sulfite	HU	0.00	2.00	2.00	mg/L		AXC2 07/19/07	1930	652753	9

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	07/20/07	2047	652980	
EPA 420.2 Prep	EPA 420.2 Phenols, Total in liquid-Fed P	KXL2	07/31/07	1653	654893	
SW846 9010B Prep	SW846 9010B Prep	KXL2	07/31/07	2000	654300	

The following Analytical Methods were performed

CNTFa 1/008

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

Matrix: Collect Date:

Project:

ES SPDES-Summary

Client Sample ID: Sample ID:

24451-001 189896001

Water

18-JUL-07 13:05

Receive Date: Collector:

19-JUL-07 09:30

Client

Report Date: August 3, 2007

Project: Client ID:

BRKL00504 BRKL005 24451

COC: Samp Recv.:

Client Desc.: CSF Outall

	Concetor.	Clier	It							
Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Flow Injection Analysis	s Federal									
EPA 420.2 Phenols, To	otal Liquid									
Total Phenol		0.0267	0.00165	0.010	mg/l	1	KLP1 08/01/0	7 1123	654896	5 1
SW9012A Cyanide, To	tal Federal									
Cyanide, Total	U	0.602	1.50	5.00	ug/L	1	KLP1 08/01/0	7 1003	65430	1 2
Ion Chromatography F	Federal									
EPA300.0 Bromide Lie	quid Fed									
Bromide	U	0.00	0.066	0.200	mg/L	1	RXM1 08/02/0	7 1259	653710	3
Chloride	J	0.866	0.066	1.00	mg/L	1				
Sulfate	J	1.89	0.100	5.00	mg/L	1				
Nutrient Analysis Fede	ral									
EPA 365.4 Phosphorus										
Phosphorus, Total as P		0.097	0.024	0.050	mg/L	1	AXH3 07/23/0	7 0926	65298	1 4
Oil & Grease Analysis	Federal									
EPA 1664A n-Hexane	Extractable Mater	The state of the s								
Oil and Grease	J	2.33	0.978	4.44	mg/L		EXF1 07/31/0	7 0856	655420) 5
Solids Analysis Federal	l									
EPA 160.2 Total Suspe										
Total Suspended Solid		6.00	1.14	5.00	mg/L		SXS2 07/25/0	7 1059	652900	0 6
Spectrometric Analysis										
EPA 376.2 Sulfide Liqu										
Total Sulfide	U	0.00449	0.030	0.100	mg/L	1	BXM2 07/20/0	7 1902	652968	3 7
Titration Analysis Fede										
EPA 130.2 Total Hard	lness Federal									
Hardness as CaCO3		39.2	2.00	4.00	mg/L		BXM2 07/30/0	7 1458	653552	2 8
EPA 377.1 Sulfite Liqu										
Sulfite	HU	0.00	2.00	2.00	mg/L		AXC2 07/19/0	7 1929	652753	3 9

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	07/20/07	2047	652980
EPA 420.2 Prep	EPA 420.2 Phenols, Total in liquid-Fed P	KXL2	07/31/07	1653	654893
SW846 9010B Prep	SW846 9010B Prep	KXL2	07/31/07	2000	654300

The following Analytical Methods were performed

OUTFallolo