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

February 22, 2008

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 January 2008

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of January 2008. 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 and 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.

With the exception of one noncompliance event for total nitrogen at Outfall 001, review of the analytical data shows that all other parameters met their respective SPDES effluent limitations this reporting period. A sample collected on January 7, 2008 exhibited a total nitrogen concentration of 11.0 mg/L, which exceeded the permit limit of 10 mg/L. Please see Attachment II for the noncompliance report, which provides more detail on the issue.

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 January 2008.



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

My Krole

Division Manager

Attachment I: Discharge Monitoring Report for January 2008.

Attachment II: Noncompliance Report for Total Nitrogen Excursion at Outfall 001

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

LLC for samples collected on 1/4/08 and 1/7/08 from Outfall 001 (BNL Use

Only).

Attachment IV: Analytical Results from General Engineering Laboratories for samples

collected from Outfalls 002, 002B, 005, 006A, 006B, 008, and 010 (BNL

Use Only).

GAG/JR:djp

cc: M. Bebon, w/o Attachments W. Chaloupka, w/ all Attachments

G. Goode, w/o Attachments
G. Granzen, w/o all Attachments
M. Holland, w/o Attachments
C. Johnson, w/o Attachments

C. Kao, w/all Attachments R. Lee, w/ all Attachments

E. Lessard, w/ all Attachments D. Lowenstein, w/o Attachments

E. Murphy, w/ all Attachments V. Radeka, w/ all Attachments

J. Remien, w/ all Attachments E. Governale, SCDHS, w/ Attachment I

R. Sorrentino, NYSDEC, w/ Attachment I R. Backofen, w/o Attachments

R. Izzo, w/ all Attachments

File: EC62ER.08

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for January 2008 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.
- 4. The total nitrogen concentration did not meet the permit limits for the sample collected on January 7, 2008. Please see Attachment II for the Non-Compliance Report.

ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR JANUARY 2008 FOR OUTFALLS NO. 001 – 010

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

NAME BROOKHA

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			TO	
YEAR	MO	DAY	YEAR	MO	DAY
08	01	01	08	01	31

Page 1

DMR MAILING ZIP CODE: 11973

MAJOR

(SUBR 01)

RF(1004) & BRAHMS(1002) BLOWDN

External Outfall

No Discharge

PARAMETER		QUA	NTITY OR LO	ADING UNITS	QUA	LITY OR CON	CENTRATION	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
рН	SAMPLE MEASUREMENT	*****	*****	ONTS	6.5	*****	6.5	ONTO	0	01/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	29	Req. Mon. MINIMUM	*****	9 MAXIMUM	SU		Once Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.4		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	*****	0.08		*****	*****	*****		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	1 1 0	2008	02	>5
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	104. / woll	2000		->
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	ð

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)

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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

	M	ONITORIN	G PERIOD		
	FROM			ТО	
YEAR	MO	DAY	YEAR	MO	DAY
08	01	01	08	01	31

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DMR MAILING ZIP CODE: 11973

MAJOR

(SUBR 01)

PROCESS SANIT & STORMWTR RNOFF

External Outfall

No Discharge

PARAMETER			NTITY OR LO				ICENTRATION		NO. EX	FREQUENCY	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS		
emperature, water deg. Fahrenheit	SAMPLE MEASUREMENT	****	*****		*****	****	50		0	01/01	GR	
0011 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	****		*****	****	90 DAILY MX	deg F		Daily	GRAB	
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****		*****	< 2	< 2		0	02/30	24	
0310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	10 DAILY AV	20 DAILY MX	mg/L		Once Per Month	COMP24	
Н	SAMPLE MEASUREMENT	*****	*****		6.3	*****	6.8		0	01/01	GR	
0400 1 0 iffluent Gross	PERMIT REQUIREMENT	*****	*****		5.8 MINIMUM	*****	9.0 MAXIMUM	SU		Daily	GRAB	
olids, tolal suspended	SAMPLE MEASUREMENT	****	*****		****	<0.6	<0.6		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 ffluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.1 DAILY MX	mL/L		Daily	GRAB	
litrogen, total (as N)	SAMPLE MEASUREMENT	****	****		****	****	11		1	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	*****	*****		*****	*****	0.7		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	aw that this docume	ent and all attachme	ents were prepared ur	nder my direction or		1			1	DA	TE
George A. Goode Division Manager	supervision in accordance and evaluate the informati					stem, or	1	4.	1	und	2018 0	2 2
Environmental & Waste Management	those persons directly res	ponsible for gather	ing the information,	the information subn	nitted is, to the best of	my	,				YEAR I	MO DA
Services Division	knowledge and belief, true	e, accurate, and co	mplete. I am aware	that there are signific	cant penalties for subr	mitting	SIGNAT	URE OF PRING	CIPAL EX	KECUTIVE	TELEP	HONE
Typed or Printed	false information, including	g the possibliity of	fine and imprisonm	ent for knowing violat	ions.		OFFI	CER OR AUTH	ORIZED	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 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: MICHAE

MICHAEL HOLLAND, OFFICE MGR

NY0005835	001M
PERMIT NUMBER	DISCHARGE NUMBER

	M	ONITORIN	G PERIOD		
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
08	01	01	08	01	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	1	NO.	FREQUENCY OF	SAMPLE TYPE	
2		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS		
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	****	1.2		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	*****	*****		*****	****	0.12		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	*****	****		****	*****	0.23		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	*****	****		*****	*****	0.0043		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	*****	*****		*****	*****	0.0089		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)	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.001		0	02/30	24	
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.015 DAILY MX	mg/L		Once Per Month	COMP24	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of la	aw that this docum	ent and all attachme	ents were prepared ur	nder my direction or		/			,	DA	TE
George A. Goode	supervision in accordance	with a system des	igned to assure tha	t qualified personnel	properly gather		6	1.		Lorde	2-20 3	2 5
Division Manager	and evaluate the informati	on submitted. Bas	sed on my inquiry of	the person or person	s who manage the sy	stem, or	/	14	/	corde	2008 8	12 3
Environmental & Waste Management	those persons directly res	ponsible for gather	ing the information,	the information subm	nitted is, to the best of	my	/	2000 50		N9 11	YEAR I	MO DAY
Services Division	knowledge and belief, true	, accurate, and co	mplete. I am aware	that there are signific	cant penalties for subr	mitting	SIGNAT	URE OF PRING	CIPAL EX	KECUTIVE	TELEP	HONE
Typed or Printed	false information, including	g the possibliity of	fine and imprisonm	ent for knowing violati	ions.		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.

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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		ТО				
YEAR	MO	DAY	YEAR	MO	DAY		
08	01	01	08	01	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 COM	CENTRATION	1	NO. EX	FREQUENCY	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS		W.
Zinc, total (as Zn)	SAMPLE MEASUREMENT	****	****		****	*****	0.1		0	02/30	24	
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.1 DAILY MX	mg/L		Once Per Month	COMP24	
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	- 5	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	0.27	0.34		****	*****	****		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 N OTE #1	SAMPLE MEASUREMENT	*****	****		*****	****	0.00007		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 attachm	ents were prepared ur	nder my direction or						DA	TE
George A. Goode	supervision in accordanc	e with a system des	signed to assure the	at qualified personnel	properly gather		1 -	14.1	1	-90	2008 02	. 25
Division Manager	and evaluate the informa	tion submitted. Bas	sed on my inquiry o	f the person or persor	ns who manage the sy	stem, or	100	14.1	-6	occe	2000	
Environmental & Waste Management	those persons directly re-	sponsible for gather	ring the information	, the information subn	nitted is, to the best of	my	/				YEAR I	MO DAY
Services Division	knowledge and belief, tru	e, accurate, and co	mplete. I am aware	e that there are signific	cant penalties for sub	mitting	SIGNAT	URE OF PRING	CIPAL EX	CECUTIVE	TELEP	HONE
Typed or Printed	false information, includir	ng the possibliity of	fine and imprisonm	ent for knowing violat	ions.		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

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			ТО	27
YEAR	MO	DAY	YEAR	MO	DAY
08	01	01	08	01	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	ICENTRATION	1	NO. EX		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1	ANALYSIS	
2 - Butanone	SAMPLE	*****	*****		*****	*****	<5		0	02/30	GR
	MEASUREMENT			100			10			02/00	arr
78356 1 0	PERMIT	*****	*****		****	****	50			Twice Per	GRAB
Effluent Gross	REQUIREMENT						DAILY MX	ug/L		Month	GHAD
BOD, 5-day, percent removal	SAMPLE	*****	*****		>96	*****	*****		0	01/30	CA
	MEASUREMENT				>30				0	01/30	CA
81010 K 0	PERMIT	*****			85		*****			Once Per	CALCTD
Percent Removal	REQUIREMENT				MO AV MN			%		Month	CALCID
Solids, suspended percent removal	SAMPLE	*****	*****		>99	*****	*****		0	01/30	CA
	MEASUREMENT		380000000		>99	V			0	01/30	CA
810 1 1 K 0	PERMIT	*****	*****		85	*****	*****			Once Per	CALCED
Percent Removal	REQUIREMENT				MO AV MN			%		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	,		DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	12 2 6 - 0.	2008	-5	
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	My & Mode	2-0	02	d)
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		
Typed or Printed	false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT 631-344-4		1-344-4549	9

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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MICHAEL HOLLAND, OFFICE MGR

NY0005835	002M
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	FROM			ТО	
YEAR	MO	DAY	YEAR	MO	DAY
08	01	01	08	01	31

19,00

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DMR MAILING ZIP CODE: 11973

MAJOR (SUBR 01)

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

External Outfall

No Discharge

PARAMETER		QUA	NTITY OR LO	ADING	QUA	LITY OR CON	ICENTRATION	ı	NO. EX	FREQUENCY OF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS	
рН	SAMPLE MEASUREMENT	*****	*****		7.2	*****	8.2		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	****	*****		****	*****	3.3		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	1.5	*****		*****	*****	*****	-	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	, ,		DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	10 10-0		0.3	3-
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	1014 June	2008	0 2	as
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		E
Typed or Printed	false information, including the possibliity of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	631-344-4549		9

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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	FROM			TO	
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MAJOR

(SUBR 01)

NSLS COOLING TOWR BLDN ETC (HS)

External Outfall

No Discharge

PARAMETER		QUA	NTITY OR LO	ADING	QUA	LITY OR CON	ICENTRATION	ı	NO. EX	FREQUENCY OF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS	
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	8.2		0	04/30	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	*****	*****		*****	*****	1.8		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	0.22	****		*****	*****	****		0	04/30	RC
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO 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 1 0		DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	Mis Morde	2110	0.7	25
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	/ OUT / WILL	1000	02	X7
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	1-344-454	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	007M
PERMIT NUMBER	DISCHARGE NUMBER

	M	ONITORIN	G PERIOD		
	FROM	+		TO	
YEAR	MO	DAY	YEAR	MO	DAY
08	01	01	08	01	31

Page 8

DMR MAILING ZIP CODE: 11973

MAJOR

(SUBR 01)

WATER TREATMENT PLT BKWSH (HX)

External Outfall

No Discharge

PARAMETER		QUA	NTITY OR LO	ADING	QUA	LITY OR CO	NCENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS	
Flow rate	SAMPLE MEASUREMENT	*****	280000	*****	*****	*****	*****		0	20/30	IN
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Once Per Month	INSTAN
pH	SAMPLE MEASUREMENT	*****	*****	****	7.6	*****	7.6		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	, , ,		DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	Mark God	700	-	
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	1 and	1008	OZ	25
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	1
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

NY0005835	008M
PERMIT NUMBER	DISCHARGE NUMBER

	M	ONITORIN	G PERIOD		
	FROM		I	ТО	
YEAR	MO	DAY	YEAR	MO	DAY
08	01	01	08	01	31

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DMR MAILING ZIP CODE: 11973

MAJOR (SUBR 01)

STORMWTR RUNOFF WAREHOUSE (HW)

External Outfall

No Discharge

PARAMETER		QUA	NTITY OR LO	ADING	QUA	LITY OR COM	CENTRATION	1	NO.	FREQUENCY OF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS	
Flow rate SEE NOTE #2	SAMPLE MEASUREMENT	*****	65800		*****	*****	*****		0	01/30	IN
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Once Per Month	INSTAN
pH	SAMPLE MEASUREMENT	****	*****	-	6.9	*****	6.9		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	*****	*****	e :	*****	*****	5		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	12 1-0	-		
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	My on I was	2008	02	25
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	Ε
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)

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	010M
PERMIT NUMBER	DISCHARGE NUMBER

	M	ONITORIN	G PERIOD		
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
08	01	01	08	01	31

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DMR MAILING ZIP CODE: 11973

MAJOR (SUBR 01)

STORMWTR R O CENTRAL STEAM (H)

External Outfall

No Discharge

PARAMETER		QUA	NTITY OR LO	ADING	QUA	LITY OR COM	CENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS	
Flow rate SEE NOTE #	SAMPLE 2 MEASUREMENT	*****	150400		*****	*****	*****		0	01/30	IN
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Once Per Month	INSTAN
рН	SAMPLE MEASUREMENT	****	****		7.0	*****	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	SAMPLE 1 MEASUREMENT	*****	*****		*****	*****	1.9		0	01/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	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			DATE	
	supervision in accordance with a system designed to assure that qualified personnel properly gather	Mis hoods	7008	02	3-
	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	John Johnson			40
Environmental & Waste Management	Environmental & Waste Management 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		YEAR		DAY
Services Division			TE	TELEPHONE	
Typed or Printed	Typed or Printed false information, including the possibility of fine and imprisonment for knowing violations.		63	1-344-454	9

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	G PERIOD					
FROM TO								
YEAR	MO	DAY	YEAR	MO	DAY			
08	01	01	08	01	31			

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DMR MAILING ZIP CODE: 11973

MAJOR (SUBR 01)

LINAC NCCW, FLOOR DNS,ETC (HT1)

External Outfall

No Discharge

PARAMETER			NTITY OR LO				CENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE
	CAMPLE	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	-	ANALYSIS	
pH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	8.0		0	04/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	9 MAXIMUM	SU		Once Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	****		*****	*****	2.5		0	01/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	18	*****	*****	15 DAILY MX	mg/L		Once Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.23	*****		****	*****	****		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			DATE	
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather	1 1 6	7-0	2.3	2-
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	my produ	Too &	02	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	Services Division knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting		TE	LEPHONE	Ė
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.

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

NAME

BROOKHAVEN NATIONAL LABORATORY

ADDRESS 53 BELL AVENUE, BLDG 464

UPTON, NY 11973

UPTON, NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION 53 BELL AVENUE, BLDG 464

ATTN:

MICHAEL HOLLAND, OFFICE MGR

PERMIT NUMBER	DISCHARGE NUMBER
NY0005835	06BM

	M	ONITORIN	G PERIOD		
	FROM			TO	S. 000
YEAR	MO	DAY	YEAR	MO	DAY
08	01	01	08	01	31

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DMR MAILING ZIP CODE: 11973

MAJOR

(SUBR 01)

COOLING TOWR FROM 919 ETC (HT2)

External Outfall

No Discharge

PARAMETER		QUA	NTITY OR LO	ADING	QUA	LITY OR CON	CENTRATION	ı	NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
рН	SAMPLE MEASUREMENT	****	****		7.3	*****	8.3		0	04/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	9 MAXIMUM	SU		Once Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	****	****		*****	*****	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	SAMPLE MEASUREMENT	0.34	****		****	*****	*****		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	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or		DA	ATE
George A. Goode	George A. Goode supervision in accordance with a system designed to assure that qualified personnel properly gather		- 10	02 95
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or	1000	2000	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	Services Division knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting		TELE	PHONE
Typed or Printed	false information, including the possibliity of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	631-34	44-4549

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 JANUARY 2008 NONCOMPLIANCE REPORT



New York State Department of Environmental Conservation Division of Water



Report of Noncompliance Event

10: DEC Water Cor	ıtact:	R. Sor	rentino			DEC Region:1
Report Type: 5-Day	X Permit Violat	ion Order V	iolation	Anticipated Non	compliance	Bypass/Overflow
SECTION 2 SPDES #	: NY- 0005835	Facility: _U.S	S. Departi	ment of Energy/Brook	haven Nationa	al Laboratory
Date of noncompl	iance: 1/7/08	Location (O	utfall, Tro	eatment Unit, or Pump	Station): _0	01
nitrogen concentration of investigating the potential	11.0 mg/L, which ex sources of the elevate	ceeds BNL's permit d nitrogen levels. I	limit of lower tha	10 mg/L. Brookhavin normal flow condit	ven National tions, decrease	m Outfall 001 that had a total Laboratory (BNL) is actively ed BOD5 levels, and increased causes to the increased levels of
Has event ceased (Yes) (No) If so, when?	1/7/08	Was eve	ent due to plant upset? ((Yes (No) SP	DES limits violated (Yes) (No)
Start date, time of event:	Date Tin	(AM) (PM)	End date	e, time of event:	Date	Time (AM) (PM)
Date, time oral notification m		ate Time	(AM)	(PM) DEC Official	contacted:	
observed in November 200' collection of additional samp SECTION 3 Complete this section if event	7 and, most recently, ples to help determine	January 2008 and significant fluctuations in nitra	will imple te levels a	ement any corrective a t various locations thr	actions that a coughout the p	
Bypass amount:			Was prior	DEC authorization rece	ived for this ev	vent? (Yes) (No)
DEC Official contacted:				Date of DEC approva	1:	Date
Describe event in "Descriptio	n of noncompliance and	d cause" area in Section	on 2. Deta	ail the start and end date	es and times in	Section 2 also.
SECTION 4						
Facility Representative:	George A. Goode		Title:	Division Manager		2/22/08
Phone #:	(631) 344-4549		Fax #:	(631) 344-7334		Date
I Certify under penalty of la direction or supervision in a properly gather and evaluate persons who manage the sys information, the information and complete. I am aware the including the possibility of the	e the information submit stem, or those persons of a submitted is, to the be not there are significant	n designed to assure the ted. Based on my indifferently responsible for st of my knowledge at penalties for submitti	hat qualifi quiry of the gathering and belief, in g false in	ed personnel e person or g the true, accurate,		Avolution of Principal Executive or Authorized Agent

ATTACHMENT III

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JANUARY 2008

ANALYTICAL RESULTS FROM H2M LABS

AND GENERAL ENGINEERING LABORATORIES, LLC

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

1/4/08 and 1/7/08

FROM OUTFALL 001

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

LABORATORY RESULTS

Lab No. : 0801135-001

Sample Information...

Type: Aqueous

Origin:

Brookhaven National Lab.-BNLS

70 Bell Ave.

Upton, NY 11973

Bob Lee Attn To:

Client ID. : 25247-001

Collected : 1/4/2008 10:30:00 AM

Received : 1/4/2008 3:20:00 PM

Collected By CLIENT Copies To :Original

CC

Results	Qualifier	D.F.	Units	Method Number	Analyzed
< 2		1	mg/L	E405.1	01/04/2008 4:00 PM
7.7		1	mg/L	M4500-N C	01/15/2008
0.50		1	mg/L	E350.1	01/09/2008 3:03 PM
< 0.01		1	mg/L	E353.2	01/05/2008 7:26 AM
6.77		10	mg/L	E353.2	01/11/2008 10:57 AM
0.89		1	mg/L	E351.2	01/15/2008 12:13 PM
	< 2 7.7 0.50 < 0.01 6.77	< 2 7.7 0.50 < 0.01 6.77	< 2 1 7.7 1 0.50 1 < 0.01 1 6.77 10	< 2 1 mg/L 7.7 1 mg/L 0.50 1 mg/L < 0.01 1 mg/L 6.77 10 mg/L	< 2

Outfall 001 Sampled 1/4/08 24 hour composite

Qualifiers:

E - Value above quantitation range

D - Results for Dilution

D.F. = Dilution Factor

Date Reported:

Joann M. Slavin

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

LABORATORY RESULTS

Lab No. : 0801203-001

Sample Information...

Type: Aqueous

Origin:

Brookhaven National Lab.-BNLS

70 Bell Ave.

Upton, NY 11973 Attn To: Bob Lee

Collected : 1/7/2008 10:50:00 AM Received : 1/7/2008 3:25:00 PM

Collected By CLIENT Copies To :Original

CC

Parameter(s)	Results	Qualifier	D.F.	<u>Units</u>	Method Number	Analyzed
Biochemical Oxygen Demand	52		1	mg/L	E405.1	01/09/2008 8:55 AM
Nitrogen, Total	(11.0)		1	mg/L	M4500-N C	01/15/2008
Nitrogen, Ammonia (As N)	0.74		1	mg/L	E350.1	01/09/2008 3:07 PM
Nitrite as N	0.01		1	mg/L	E353.2	01/08/2008 9:22 AM
Nitrate as N	9.59		10	mg/L	E353.2	01/11/2008 11:03 AM
Nitrogen, Kjeldahl, Total	1.45		1	mg/L	E351.2	01/15/2008 12:15 PM

Client ID. : 25255-001

Outfall 00/ Sampled 1/7/08 24 hour composite

Qualifiers:

E - Value above quantitation range

D - Results for Dilution

D.F. = Dilution Factor

Date Reported:

Joann M. Slavin

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

LABORATORY RESULTS

Lab No. : 0801135-002

Sample Information...

Type: Aqueous

Origin:

Brookhaven National Lab.-BNLS

70 Bell Ave.

Upton, NY 11973

Attn To: Bob Lee

Collected : 1/4/2008 2:00:00 PM

Received : 1/4/2008 3:20:00 PM

Collected By CLIENT Copies To :Original

CC

Parameter(s)	Results	Qualifier D.F.	Units	Method Number	Analyzed
Total Coliform	< 2	1	MPN	M9221 BC	01/04/2008 4:00 PM
Fecal Coliform	< 2	1	MPN	M9221 BC	01/04/2008 4:00 PM

Client ID. : 25247-002

Outfall 00/ Sampled 1/4/08

Qualifiers:

E - Value above quantitation range

D - Results for Dilution

D.F. = Dilution Factor

Date Reported:

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

Lab No. : 0801203-002

Sample Information...

Type: Aqueous

Origin:

70 Bell Ave.

Upton, NY 11973 Attn To:

Bob Lee

Client ID. : 25255-002

Collected

: 1/7/2008 1:30:00 PM

Received : 1/7/2008 3:25:00 PM

Collected By CLIENT

Copies To :Original

CC

Parameter(s)	Results	Qualifier	D.F.	<u>Units</u>	Method Number	Analyzed
Total Coliform	< 2		1	MPN	M9221 BC	01/07/2008 3:30 PM
Fecal Coliform	< 2		1	MPN	M9221 BC	01/07/2008 3:30 PM

Outfall 001 Sampled 1/7/08

Qualifiers:

E - Value above quantitation range

D - Results for Dilution

D.F. = Dilution Factor

Date Reported:

Joann M. Slavin

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

LABORATORY RESULTS

Lab No. : 0801135-003

Sample Information...

Type: Aqueous

Origin:

Brookhaven National Lab.-BNLS

70 Bell Ave.

Upton, NY 11973

Attn To: Bob Lee

Client ID. : 25247-003

Collected : 1/4/2008 11:00:00 AM

Collected By CLIENT

Received : 1/4/2008 3:20:00 PM

Copies To :Original

CC

Parameter(s)	Results	Qualifier	D.F.	Units	Me	ethod Number	Analyzed
Biochemical Oxygen Demand	55		1	mg/L	E	E405.1	01/04/2008 4:15 PM

STP Outfall Sampled 1/4/08 24 hour composite

Qualifiers:

E - Value above quantitation range

D - Results for Dilution

D.F. = Dilution Factor

Date Reported:

Joann M. Slavin

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

LABORATORY RESULTS

Lab No. : 0801203-003

Sample Information...

Type: Aqueous

Origin:

Brookhaven National Lab.-BNLS

70 Bell Ave.

Upton, NY 11973

Attn To: Bob Lee

Collected :1/7/2008 11:10:00 AM

Received : 1/7/2008 3:25:00 PM

Collected By CLIENT Copies To :Original

CC

			-			
Parameter(s)	Results	Qualifier	D.F.	<u>Units</u>	Method Number	Analyzed
Biochemical Oxygen Demand	43		1	mg/L	E405.1	01/09/2008 9:00 AM

Client ID. : 25255-003

STP Influent Sampled 1/1/08 24 hour composite

Qualifiers:

E - Value above quantitation range

D - Results for Dilution

D.F. = Dilution Factor

Date Reported :

Joann M. Slavin

WATER

1

5 mL

BRKL00504

GL-OA-E-026

Page 1

of 1

Volatile
Certificate of Analysis
Sample Summary

SDG Number: 200410 Date Collected: 01/04/2008 14:00 Matrix: Lab Sample ID: 200410002 01/08/2008 10:45 Date Received: BRKL005 Project: Client Sample: STP Effluent Client: EPA 624 SOP Ref: Client ID: 25246-002 Method: VOA7.I Dilution: 717124 Inst: Batch ID: Run Date: 01/10/2008 19:00 Analyst: SJW1 Purge Vol: 01/10/2008 19:00 Prep Date:

Data File: 7s415.d Column: DB-624 Level: LOW

CAS No. Parmname Qualifier Result Units MDL/LOD PQL/LOQ

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	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	00.1	
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 00/ Sampled 1/4/08

Report Date: January 30, 2008

Page 1

of 1

Volatile
Certificate of Analysis
Sample Summary

SDG Number: 200417 Lab Sample ID: 200417002

Client Sample: STP Effluent 25254-002 Method:

Client ID: Batch ID: 717124 01/10/2008 20:00 Run Date:

Prep Date: 01/10/2008 20:00 Data File: 7s417.d

Date Collected: 01/07/2008 13:30

Date Received: 01/08/2008 10:45 BRKL005 Client: EPA 624

Inst: VOA7.I Analyst: SJW1

Matrix:

WATER

Project: BRKL00504

SOP Ref: GL-OA-E-026 Dilution: 1

Purge Vol: $5\,\mathrm{mL}$

LOW Column: DB-624 Level:

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	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	

Outfall 00/ Sampled 1/7/08

METALS -1INORGANICS ANALYSIS DATA PACKAGE

METHOD TYPE: SW846

SDG No: 200410

SAMPLE ID: 200410001 CLIENT ID: 25246-001

CONTRACT: BRKL00504

MATRIX:W DATE RECEIVED 08-JAN-08 LEVEL: Low %SOLIDS:

CAS No	<u>Analyte</u>	Result	Units	<u>C</u>	Qual 1	M	MDL	DF	Instrument <u>ID</u>	Analytical Run		
7429-90-5	Aluminum	68	ug/L	U		P	68	1	OPTIMA3	011708A-5		
7440-36-0	Antimony	3	ug/L	U		P	3	1	OPTIMA3	011708A-5		
7440-38-2	Arsenic	1.5	ug/L	U	1	MS	1.5	1	ICPMS6	080110-4		
7440-39-3	Barium	14.4	ug/L	В		P	1	1	OPTIMA3	011708A-5		
7440-41-7	Beryllium	1	ug/L	U		P	1	1	OPTIMA3	011708A-5		
7440-43-9	Cadmium	1	ug/L	U		P	1	1	OPTIMA3	011708A-5		
7440-70-2	Calcium	13500	ug/L			P	30	1	OPTIMA3	011708A-5		
7440-47-3	Chromium	2	ug/L	U		P	2	1	OPTIMA3	011708A-5		
7440-48-4	Cobalt	1	ug/L	U		P	1	1	OPTIMA3	011708A-5		
7440-50-8	Copper	91.8	ug/L			P	3	1	OPTIMA3	011708A-5		
7439-89-6	Iron	173	ug/L			P	25	1	OPTIMA3	011708A-5		
7439-92-1	Lead	1:3	ug/L	В	1	MS	0.5	1	ICPMS6	080110-2		
7439-95-4	Magnesium	3540	ug/L	В		P	85	1	OPTIMA3	011708A-5		
7439-96-5	Manganese	2.9	ug/L	В		P	2	1	OPTIMA3	011708A-5		
7439-97-6	Mercury	0.050	ug/L	В	F	AV	0.03	1	MER536	012508W2-1		
7440-02-0	Nickel	7.9	ug/L	В		P	1	1	OPTIMA3	011708A-5		
7440-09-7	Potassium	3780	ug/L	В		P	50	1	OPTIMA3	011708A-5		
7782-49-2	Selenium	1	ug/L	U	N	MS	1	1	ICPMS6	080110-2		
7440-22-4	Silver	1	ug/L	U		P	1	1	OPTIMA3	011708A-5		
7440-23-5	Sodium	36500	ug/L			P	45	1	OPTIMA3	011708A-5		
7440-28-0	Thallium	0.580	ug/L	В	N	MS	0.3	1	ICPMS6	080110-2		
7440-31-5	Tin	2.5	ug/L	U		P	2.5	1	OPTIMA3	011708A-5		
7440-62-2	Vanadium	1.7	ug/L	В		P	1	1	OPTIMA3	011708A-5		
7440-66-6	Zinc	90.1	ug/L			P	2	1	OPTIMA3	011708A-5		

Sampled 1/4/08 24 hour composite

METALS
-1INORGANICS ANALYSIS DATA PACKAGE

SDG No: 200417

METHOD TYPE: SW846

SAMPLE ID: 200417001

CLIENT ID: 25254-001

CONTRACT: BRKL00504

MATRIX:W

DATE RECEIVED 08-JAN-08

LEVEL: Low %SOLIDS:

CAS No	<u>Analyte</u>	Result	<u>Units</u>	<u>C</u>	Qual	M	MDL	DF	Instrument ID	Analytical Run
7429-90-5	Aluminum	68	ug/L	U		P	68	1	OPTIMA3	011708A-5
7440-36-0	Antimony	3	ug/L	U		P	3	1	OPTIMA3	011708A-5
7440-38-2	Arsenic	1.5	ug/L	U		MS	1.5	1	ICPMS6	080110-4
7440-39-3	Barium	17.6	ug/L	В		P	1	1	OPTIMA3	011708A-5
7440-41-7	Beryllium	1	ug/L	U		P	1	1	OPTIMA3	011708A-5
7440-43-9	Cadmium	1	ug/L	U		P	1	1	OPTIMA3	011708A-5
7440-70-2	Calcium	14400	ug/L			P	30	1	OPTIMA3	011708A-5
7440-47-3	Chromium	2	ug/L	U		P	2	1	OPTIMA3	011708A-5
7440-48-4	Cobalt	1	ug/L	U		P	. 1	1	OPTIMA3	011708A-5
7440-50-8	Copper	116	ug/L			P	3	1	OPTIMA3	011708A-5
7439-89-6	Iron	233	ug/L			P	25	1	OPTIMA3	011708A-5
7439-92-1	Lead	4.3	ug/L	В		MS	0.5	1	ICPMS6	080110-2
7439-95-4	Magnesium	3690	ug/L	В		P	85	1	OPTIMA3	011708A-5
7439-96-5	Manganese	2.9	ug/L	В		P	2	1	OPTIMA3	011708A-5
7439-97-6	Mercury	0.073	ug/L	В		AV	0.03	1	MER536	012508W2-1
7440-02-0	Nickel	8.9	ug/L	В		P	1	1	OPTIMA3	011708A-5
7440-09-7	Potassium	5090	ug/L			P	50	1	OPTIMA3	011708A-5
7782-49-2	Selenium	1	ug/L	U		MS	1	1	ICPMS6	080110-2
7440-22-4	Silver	1	ug/L	U		P	1	1	OPTIMA3	011708A-5
7440-23-5	Sodium	37100	ug/L			P	45	1	OPTIMA3	011708A-5
7440-28-0	Thallium	0.30	ug/L	U		MS	0.3	1	ICPMS6	080110-2
7440-31-5	Tin	2.5	ug/L	U		P	2.5	1	OPTIMA3	011708A-5
7440-62-2	Vanadium	2.2	ug/L	В		. P	1	1	OPTIMA3	011708A-5
7440-66-6	Zinc	124	ug/L			P	2	1	OPTIMA3	011708A-5

Outfall 001 Sampled 1/7/08 24 hour composite

METALS -1INORGANICS ANALYSIS DATA PACKAGE

SDG No: 200410

METHOD TYPE: SW846

SAMPLE ID: 200410003

CLIENT ID: 25246-003

CONTRACT: BRKL00504

MATRIX:W

DATE RECEIVED 08-JAN-08

LEVEL: Low %SOLIDS:

CAS No	Analyte	Result	<u>Units</u>	<u>C</u>	Qual	M	MDL	DF	Instrument ID	Analytical Run
7429-90-5	Aluminum	134	ug/L	В		P	68	1	OPTIMA3	011708A-5
7440-36-0	Antimony	3	ug/L	U		P	3	1	OPTIMA3	011708A-5
7440-38-2	Arsenic	1.5	ug/L	U		MS	1.5	1	ICPMS6	080110-4
7440-39-3	Barium	44.7	ug/L	В		P	1	1	OPTIMA3	011708A-5
7440-41-7	Beryllium	1	ug/L	U		P	1	1	OPTIMA3	011708A-5
7440-43-9	Cadmium	1	ug/L	U		P	1	1	OPTIMA3	011708A-5
7440-70-2	Calcium	12100	ug/L			P	30	1	OPTIMA3	011708A-5
7440-47-3	Chromium	2	ug/L	U		P	2	1	OPTIMA3	011708A-5
7440-48-4	Cobalt	1	ug/L	U		P	1	1	OPTIMA3	011708A-5
7440-50-8	Copper	79.1	ug/L			P	3	1	OPTIMA3	011708A-5
7439-89-6	Iron	917	ug/L			P	25	1	OPTIMA3	011708A-5
7439-92-1	Lead	6.8	ug/L	В		MS	0.5	1	ICPMS6	080110-2
7439-95-4	Magnesium	3460	ug/L	В		P	85	1	OPTIMA3	011708A-5
7439-96-5	Manganese	56.3	ug/L			P	2	1	OPTIMA3	011708A-5
7439-97-6	Mercury	0.220	ug/L			AV	0.03	1	MER536	012508W2-1
7440-02-0	Nickel	5.1	ug/L	В		P	1	1	OPTIMA3	011708A-5
7440-09-7	Potassium	6650	ug/L			P	50	1	OPTIMA3	011708A-5
7782-49-2	Selenium	1	ug/L	U		MS	1	1	ICPMS6	080110-2
7440-22-4	Silver	1	ug/L	U		P	1	1	OPTIMA3	011708A-5
7440-23-5	Sodium	39000	ug/L			P	45	1	OPTIMA3	011708A-5
7440-28-0	Thallium	0.30	ug/L	U		MS	0.3	1	ICPMS6	080110-2
7440-31-5	Tin	8.8	ug/L	В		P	2.5	1	OPTIMA3	011708A-5
7440-62-2	Vanadium	1.6	ug/L	В		P	1	1	OPTIMA3	011708A-5
7440-66-6	Zinc	109	ug/L			P	2	1	OPTIMA3	011708A-5

STP Influent Sampled 1/4/08 24 hour composite

METALS -1INORGANICS ANALYSIS DATA PACKAGE

SDG No: 200417

METHOD TYPE: SW846

SAMPLE ID: 200417003

CLIENT ID: 25254-003

CONTRACT: BRKL00504

MATRIX:W

DATE RECEIVED 08-JAN-08

LEVEL: Low %SOLIDS:

CAS No	<u>Analyte</u>	Result	<u>Units</u>	<u>C</u>	Qual	M	MDL	DF	Instrument ID	Analytical Run
7429-90-5	Aluminum	240	ug/L			P	68	1	OPTIMA3	011708A-5
7440-36-0	Antimony	3	ug/L	U		P	3	1	OPTIMA3	011708A-5
7440-38-2	Arsenic	1.5	ug/L	U		MS	1.5	1	ICPMS6	080110-4
7440-39-3	Barium	83.5	ug/L	В		P	1	1	OPTIMA3	011708A-5
7440-41-7	Beryllium	1	ug/L	U		P	1	1	OPTIMA3	011708A-5
7440-43-9	Cadmium	1	ug/L	U		P	1	1	OPTIMA3	011708A-5
7440-70-2	Calcium	11400	ug/L			P	30	1	OPTIMA3	011708A-5
7440-47-3	Chromium	2.2	ug/L	В		P	2	1	OPTIMA3	011708A-5
7440-48-4	Cobalt	1	ug/L	В		P	1	1	OPTIMA3	011708A-5
7440-50-8	Copper	146	ug/L			P	3	1	OPTIMA3	011708A-5
7439-89-6	Iron	1220	ug/L			P	25	1	OPTIMA3	011708A-5
7439-92-1	Lead	10.7	ug/L			MS	0.5	1	ICPMS6	080110-2
7439-95-4	Magnesium	3170	ug/L	В		P	85	1	OPTIMA3	011708A-5
7439-96-5	Manganese	39.3	ug/L			P	2	1	OPTIMA3	011708A-5
7439-97-6	Mercury	0.390	ug/L			AV	0.03	1	MER536	012508W2-1
7440-02-0	Nickel	6.9	ug/L	В		P	1	1	OPTIMA3	011708A-5
7440-09-7	Potassium	2730	ug/L	В		P	50	1	OPTIMA3	011708A-5
7782-49-2	Selenium	1	ug/L	U		MS	1	1	ICPMS6	080110-2
7440-22-4	Silver	1	ug/L	U		P	1	1	OPTIMA3	011708A-5
7440-23-5	Sodium	32600	ug/L			P	45	1	OPTIMA3	011708A-5
7440-28-0	Thallium	0.30	ug/L	U		MS	0.3	1	ICPMS6	080110-2
7440-31-5	Tin	7.4	ug/L	В		P	2.5	1	OPTIMA3	011708A-5
7440-62-2	Vanadium	4.5	ug/L	В		P	1	1	OPTIMA3	011708A-5
7440-66-6	Zinc	112	ug/L			P	2	1	OPTIMA3	011708A-5

STP Influent Sampled 1/7/08 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:

25246-001 200410001

Matrix: Collect Date: Water

04-JAN-08 10:30 Receive Date: 08-JAN-08 10:45

Collector:

Client

Report Date: January 16, 2008

BRKL00504 Project: Client ID:

BRKL005 25246

COC: Samp Recv.:

Client Desc.: STP Effluent

	Conceter.	CHEIR								
Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Nutrient Analysis Federa	ıl									
EPA 365.4 Phosphorus, To	otal in"As Receiv	ed"								
Phosphorus, Total as P		0.940	0.024	0.050	mg/L	1	AXH3 01/10/08	1406 7	16889	1
Solids Analysis Federal										
EPA 160.2 Total Suspende	d Lig"As Receive	ed"								
Total Suspended Solids	U	0.200	0.570	2.50	mg/L		NXM 01/09/08	1143 7	16695	2
							1			

The following Prep Methods were performed

Method Description Analyst Date Time Prep Batch EPA 365.4 Prep 01/10/08 0909 AXH3 716888 EPA 365.4 Phosphorus, Total in liquid-Fe

The following Analytical Methods were performed

Method Description **Analyst Comments** EPA 365.4 2 EPA 160.2

Outfall OOl Sampled 1/4/68 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:

25254-001 200417001 Water

07-JAN-08 10:50 08-JAN-08 10:45

Client

Report Date: January 23, 2008

BRKL00504 Project: Client ID: BRKL005

COC: Samp Recv.: 25254

Client Desc.: STP Effluent

		Citotic								
Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time 1	Batch	Method
Nutrient Analysis Fede	ral									
EPA 365.4 Phosphorus,	Total in"As Receiv	ed"								
Phosphorus, Total as P		1.16	0.024	0.050	mg/L	1	AXH3 01/10/08	1409 71	6889	1
Solids Analysis Federal	l a									
EPA 160.2 Total Suspen	ded Lig"As Receive	ed"								
Total Suspended Solids	U	-0.10	0.570	2.50	mg/L		NXM 01/09/08	1143 71	6695	2
							1			

The following Prep Methods were performed Time Prep Batch Analyst Date Description Method 01/10/08 0909 716888 EPA 365.4 Prep EPA 365.4 Phosphorus, Total in liquid-Fe AXH3

The following Analytical Methods were performed

Analyst Comments Method Description EPA 365.4 2 EPA 160.2

Outfall 001 Sampled 1/7/08 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: Water

Collector:

25246-002 200410002

04-JAN-08 14:00 08-JAN-08 10:45

Client

Report Date: January 16, 2008

Project: Client ID: BRKL00504 BRKL005

25246

COC: Samp Recv.: Client Desc.: STP Effluent

Parameter Qualifier Result DL RL Units DF AnalystDate Time Batch Method

Flow Injection Analysis Federal

SW9012A Cyanide, Total Federal"As Received"

Cyanide, Total

1.50

5.00

ug/L

Analyst Comments

1 KLP1 01/10/08 1446 716655 1

The following Prep Methods were performed

Method Description Analyst Date Time Prep Batch 01/10/08 0949 SW846 9010B Prep SW846 9010B Prep AXS5 716654

The following Analytical Methods were performed

Method Description

SW846 9012A

Outfall 00/ Sampled 1/4/08 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: 25254-002 200417002

Water

07-JAN-08 13:30 08-JAN-08 10:45

Report Date: January 23, 2008

BRKL00504 Project: Client ID: BRKL005

COC: Samp Recv.: 25254

Time

0949

Prep Batch

716654

Client Desc.: STP Effluent

19	Collector:	Client	00 10.45							
Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Flow Injection Ana	lysis Federal									
SW9012A Cyanide,	Total Federal"As Recei	ived"								
Cyanide, Total	U	-0.785	1.50	5.00	ug/L	1	KLP1 01/10/08	1449 7	16655	1
The following Pre	p Methods were perfo	rmed								

Analyst

AXS5

Date

01/10/08

Analyst Comments

The following Analytical Methods were performed

Method Description 1

Method

SW846 9010B Prep

SW846 9012A

Description

SW846 9010B Prep

Outfall 00) Sampled 1/7/08 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:

25246-003 200410003 Water

Matrix: Collect Date:

04-JAN-08 11:00

Receive Date:

08-JAN-08 10:45

Report Date: January 16, 2008

Project: BRKL00504 Client ID:

BRKL005 25246

COC: Samp Recv.:

Client Desc.: STP Influent

	Collector.	Client								
Parameter	Qualifier	Result	DL	RL	Units	DF A	nalystDate	Time	Batch	Method
Solids Analysis Federa	I									
EPA 160.2 Total Suspen	nded Liq"As Receive	d"								
Total Suspended Solids		46.7	3.10	13.6	mg/L	N2	XM 01/09/08	1143	716695	1

The following Analytical Methods were performed

Method **Analyst Comments** Description 1 EPA 160.2

STP Influent Sampled 1/4/08 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:

25254-003 200417003

Collect Date: Receive Date: Collector:

07-JAN-08 11:10 08-JAN-08 10:45

Water

Report Date: January 23, 2008

Project: BRKL00504 Client ID:

BRKL005 25254

COC: Samp Recv.:

Client Desc.: STP Influent

	Concetor.	CHEIR								
Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time	Batch	Method
Solids Analysis Federal	1									
EPA 160.2 Total Suspen	ded Lig"As Receive	d"								
Total Suspended Solids		72.0	5.70	25.0	mg/L		NXM 01/14/08 1	1028 7	17709	1

The following Analytical Methods were performed

Analyst Comments Method Description EPA 160.2

STP Influent Sampled 1/1/08 24 hour composite

ATTACHMENT IV

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JANUARY 2008

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:

Sample ID:

Matrix:

Collect Date: Receive Date:

25273-006 200795006

Water

11-JAN-08 10:10 12-JAN-08 09:20

Client

Project: Client ID:

BRKL005 25273

BRKL00504

COC: Samp Recv.:

Client Desc.: 1004/1002

Collector: Parameter Qualifier Result DL RL Units DF AnalystDate

Oil & Grease Analysis Federal

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

Oil and Grease

U

1.43

5.09

mg/L

Analyst Comments

JXT1 01/29/08 1325 722131 1

Time Batch Method

Report Date: January 30, 2008

The following Analytical Methods were performed

Method Description EPA 1664A

Ontfall 602B (1004/1002) Sampled 1/11/08

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: 25260-003 200503003

Water

08-JAN-08 11:07 09-JAN-08 09:00

Collector: Client

Result

Report Date: January 16, 2008

Project: Client ID:

BRKL00504 BRKL005 25260

AnalystDate

COC: Samp Recv.: Client Desc.: HN

DF

Parameter Oil & Grease Analysis Federal

Qualifier

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

Oil and Grease

J

1.41

DL

5.05

RL

mg/L

Analyst Comments

Units

JXT1 01/15/08 0909 717981

Time Batch Method

The following Analytical Methods were performed

Method

Description

EPA 1664A

Outfall 002 (HN) Sampled 1/8/08

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: 25273-005

Water

Collector:

Report Date: January 30, 2008

200795005

11-JAN-08 11:45 12-JAN-08 09:20

Client

Project: Client ID:

BRKL00504 BRKL005 25273

COC: Samp Recv.: Client Desc.: HS

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

1.37

4.91

mg/L

Analyst Comments

JXT1 01/29/08 1322 722131 1

The following Analytical Methods were performed

Method Description

EPA 1664A

outfall ous (HS) Sampled 1/11/08

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: Water

Receive Date:

09-JAN-08 09:00

Collector:

25260-001 200503001

08-JAN-08 11:25

Client

BRKL00504 Project: Client ID: BRKL005

COC: Samp Recv.: 25260 Client Desc.: HTW

Parameter Qualifier Result DL RL Units AnalystDate Time Batch Method

Oil & Grease Analysis Federal

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

Oil and Grease

1

J

1.44

5.15

mg/L

Analyst Comments

JXT1 01/15/08 0855 717981 1

Report Date: January 16, 2008

The following Analytical Methods were performed

Method Description

EPA 1664A

outfall Att 006A (HT-W) Sampled 1/8/08

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:

25260-002 200503002

Water 08-JAN-08 11:18

09-JAN-08 09:00

Client

Report Date: January 16, 2008

Project: Client ID: BRKL00504 BRKL005

COC: Samp Recv.: 25260

Client Desc.: HTE

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time Batch Method

Oil & Grease Analysis Federal

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

Oil and Grease

1.41

5.05

mg/L

JXT1 01/15/08 0909 717981 1

The following Analytical Methods were performed

Method Description 1 EPA 1664A **Analyst Comments**

Outfall 006B (HT-E) Sampled 1/8/08

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:

EPA 1664A

Water

25273-002 200795002

11-JAN-08 10:00 12-JAN-08 09:20

Client

Report Date: January 30, 2008

BRKL00504 BRKL005 Project: Client ID:

COC: Samp Recv.: 25273

Client Desc.: HW

Parameter	Qualifier	Result	DL	RL	Units	DF	AnalystDate	Time Batch Method
Oil & Grease Analys	is Federal						1 1 N	

1.43

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

Oil and Grease

5.10

mg/L

JXT1 01/29/08 1322 722131 1

The following Analytical Methods were performed

Method Description **Analyst Comments**

Outfall 008 (1tw) Sampled 1/11/08

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:

25273-003 200795003

Water

11-JAN-08 09:40 12-JAN-08 09:20

Client

Project: Client ID:

BRKL00504 BRKL005

COC: Samp Recv.: 25273

Client Desc.: CSF

Parameter Qualifier Result Units DF AnalystDate Time Batch Method DL RL

Oil & Grease Analysis Federal

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

Oil and Grease

1.51 5.38

Outfall 010 (CSF) Sampled 1/11/08

mg/L

Analyst Comments

JXT1 01/29/08 1322 722131 1

Report Date: January 30, 2008

The following Analytical Methods were performed

Method Description

EPA 1664A

Page 147 of 154

Report Date: January 25, 2008

Page 1

of 1

Volatile Certificate of Analysis Sample Summary

SDG Number: 200795 Lab Sample ID: 200795002 Client Sample: HW Client ID: 25273-002

Batch ID: 717542 Run Date: 01/12/2008 22:30

Prep Date: 01/12/2008 22:30

Data File: 9s636.d Date Collected: 01/11/2008 10:00 Matrix: WATER 01/12/2008 09:20 Date Received:

Client: BRKL005 Project: BRKL00504 Method: EPA 624 SOP Ref: GL-OA-E-026 VOA9.I Dilution: 1

Inst: Analyst: GRB2 Purge Vol: 5 mL

RTX-Volatiles Column: 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	10.0
75-01-4	Vinyl chloride	U	1.00	ug/L	0.500	1.00	10.0
74-83-9	Bromomethane	U	1.00	ug/L	0.500	1.00	10.0
75-00-3	Chloroethane	U	1.00	ug/L	0.500	1.00	10.0
75-69-4	Trichlorofluoromethane	U	1.00	ug/L	0.310	1.00	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	5.00
75-09-2	Methylene chloride	U	2.00	ug/L	2.00	2.00	5.00
1634-04-4	tert-Butyl methyl ether	U	5.00	ug/L	0.250	5.00	10.0
156-60-5	trans-1,2-Dichloroethylene	U	1.00	ug/L	0.300	1.00	5.00
75-34-3	1,1-Dichloroethane	U	1.00	ug/L	0.300	1.00	5.00
67-66-3	Chloroform	U	1.00	ug/L	0.250	1.00	5.00
71-55-6	1,1,1-Trichloroethane	U	1.00	ug/L	0.300	1.00	5.00
56-23-5	Carbon tetrachloride	U	1.00	ug/L	0.250	1.00	5.00
107-06-2	1,2-Dichloroethane	U	1.00	ug/L	0.250	1.00	5.00
71-43-2	Benzene	U	1.00	ug/L	0.300	1.00	5.00
79-01-6	Trichloroethylene	U	1.00	ug/L	0.250	1.00	5.00
78-87-5	1,2-Dichloropropane	U	1.00	ug/L	0.250	1.00	5.00
75-27-4	Bromodichloromethane	U	1.00	ug/L	0.250	1.00	5.00
110-75-8	2-Chloroethylvinyl ether	U	5.00	ug/L	1.50	5.00	10.0
10061-01-5	cis-1,3-Dichloropropylene	U	1.00	ug/L	0.250	1.00	5.00
108-88-3	Toluene	U	1.00	ug/L	0.250	1.00	5.00
10061-02-6	trans-1,3-Dichloropropylene	U	1.00	ug/L	0.250	1.00	5.00
79-00-5	1,1,2-Trichloroethane	U	1.00	ug/L	0.250	1.00	5.00
127-18-4	Tetrachloroethylene	U	1.00	ug/L	0.250	1.00	5.00
124-48-1	Dibromochloromethane	U	1.00	ug/L	0.250	1.00	5.00
108-90-7	Chlorobenzene	U	1.00	ug/L	0.250	1.00	5.00
100-41-4	Ethylbenzene	U	1.00	ug/L	0.250	1.00	5.00
75-25-2	Bromoform	U	1.00	ug/L	0.250	1.00	5.00
79-34-5	1,1,2,2-Tetrachloroethane	U	1.00	ug/L	0.250	1.00	5.00
541-73-1	1,3-Dichlorobenzene	U	1.00	ug/L	0.250	1.00	5.00
106-46-7	1,4-Dichlorobenzene	U	1.00	ug/L	0.250	1.00	5.00
95-50-1	1,2-Dichlorobenzene	U	1.00	ug/L	0.250	1.00	5.00

Outfall 008 (HW) Sampled 1/11/08



Concurrence Sheet

Certain types of correspondence and reports should be reviewed by the Section Head and the Division Manager prior to distribution beyond the Divisional organizational units. Examples of material that should be reviewed include:

- 1. ESH Policy and Standards both draft and final.
- 2. Corrective action plans or other documents which commit Division or Laboratory resources in a significant manner.
- 3. Recommendations to Laboratory departments or divisions or interpretation of policy, which create significant impact on program or resources.
- 4. Correspondence to non-BNL organization (e.g., regulatory groups, DOE, the public), which deal with sensitive topics or issues.
- 5. Information being placed on the Laboratory computer networks for access by non-Environmental Services Division personnel is subject to the same reviews.

Correspondence involving routine reporting of information, data, schedules, etc. does not need Division Head review. These criteria are not intended to suggest review of typical correspondence that takes place between Environmental Services Division and BNL staff.

Preparer:	Jason Remien	2/21/08
		4-11
Subject:	State Pollutant Disc	harge Elimination System (SPDES) NY-0005835 Brookhaven
	National Laboratory	(BNL) Discharge Monitoring Report (DMR) for January 2008
	E 1 04 0000	
Date:	February 21, 2008	
Project Ma	nager/Group Leader:	Robert J. Lee J. Lee 2/25/08
		George A. Goode M. Morth 2/27/28
Assistan	t Laboratory Director:	
	General Council:	

EXPLORING EARTH'S MYSTERIES ... PROTECTING ITS FUTURE

Rev. 7/12/06