

Building 120 P.O. Box 5000 Upton, NY 11973-5000 Phone 631 344-8370 Fax 631 344-6079 cunniff@bnl.gov

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

www.bnl.gov

November 15, 2001

Mr. Robert Desmarais Director, Project Management Division U. S. Department of Energy Brookhaven Group Upton, NY 11973

Dear Mr. Desmarais:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for October 2001 REFERENCE: Letter from Robert Desmarais to Cunniff dated October 25, 2001

Included as Attachment I, please find the DMR for the month of October 2001. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team. With the exception of one excursion for ammonia at Outfall 001, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. With regard to ammonia, the sample collected on October 8, 2001 exhibited an ammonia concentration of 2.94 mg/L. This value exceeded the SPDES permit limit of 2.0 mg/L. However, an aliquot of this sample collected by the BNL STP operators on October 8, 2001 exhibited an ammonia concentration of 0.02 mg/L and therefore the excursion is suspect. A Noncompliance Report has been prepared and included as Attachment IV.

Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 002. 002B, 003, 005, 006A, and 006B are, therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Division. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of October 2001.

Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk

County Department of Health Services no later than November 28, 2001. If there are any questions regarding the information contained on the DMR or the analytical data packages, please do not hesitate to contact R. Lee at extension 3148 or M. Allocco at extension 3166.

Sincerely,

Lori Cunniff, CEP Division Manager

Lori Cunniff

LEC/MA:cr

Attachment I: Discharge Monitoring Report for October 2001.

Attachment II: Analytical Results from H2M Labs for samples collected on 10/4/01 and 10/8/01

from Outfall 001.

Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002,

002B, 003, 005, 006A, 006B, 007, 008, and 010.

Attachment IV: Noncompliance Report for October SPDES Permit Excursion at Outfall 001.

M. Allocco w/attachments W. Chaloupka w/attachments cc: L. Cunniff w/o attachments G. Granzen w/o attachments J. Higbie w/attachments C. Johnson w/o attachments S. Krinsky R. Lee w/o attachments w/attachments E. Lessard w/o attachments D. Lowenstein w/o attachments E. Murphy w/attachments A. Oueirolo w/o attachments V. Radeka w/o attachments T. Sheridan w/o attachments R. Travis w/attachments D. Van Duyne w/attachments

EC62ER.01

ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR OCTOBER 2001 FOR OUTFALLS NO. 001 – 010

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for October 2001 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. There was no discharge from Outfall 002A during this reporting period. In May Outfalls 002A and 002B were connected to the stormwater collection systems and no longer discharge locally. The cooling water discharge from Bldg. 1002 (002A) is now directed to Outfall 002B located at Building 1004. The cooling water discharge from Bldg. 1010 is now directed to Outfall 002 (HN). A SPDES permit modification package was submitted which reflected this change.
- 3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
- 4. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
- 5. The Environmental Services Division was notified in early June that the cooling water discharge from the Brookhaven Medical Research Reactor would be terminated due to the permanent shutdown of the facility. A SPDES permit modification package was submitted which reflected this change.
- 6. The ammonia concentration was above the performance criteria of 2.0 mg/L for the composite sample collected on 10/8/01. Please see Attachment IV for a description of this excursion.

FACILITY BROOKHAVEN NATIONAL LABORATORY

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

Form Approved. OMB No. 2040-0004

USDAE ADDRESS BROOKHAVEN NATIONAL LABORATORY NY000583.5 53 BELL AVE. BLDG 464

NY 11973

PERMIT NUMBER NY 11973

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SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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Form Approved. OMB No. 2040-0004

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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 GH VIA EXFILT FROM SFB.S.

Form Approved. OMB No. 2040-0004

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Michael Holland	to ass	ure that quakfied personnel p litted. Based on my inculty of			Γ						
Area Group Manager	or the	one persons directly responsible for gathering the information, the information willed is, to the best of my knowledge and belief, true, accurate and complete				631.3			3424	1 1	j }
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE HAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED. DISCHARGE

Form Approved. OMB No. 2040-0004

* 1

USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONUPTON NY 11973

NY 0005835 PERMIT NUMBER

002 M DISCHARGE NUMBER

| MONITORING PERIOD | YEAR | MO | DAY | YEAR | MO | DAY | OI | 10 | 01 | 10 | 31 |

MAJOR (SUBR 01) F - FINAL

AGS NON-C COOLNG.PRCP.ETC (HN)

*** NO DISCHARGE | ***
NOTE: Read Instructions before completing this form

ATTN: GEORGE MALOSH,	GROUP MG	R	<u> </u>				IOTE: Read Instru	ctions befor	e com	pleting this	form.
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Michael Holland	subm or the	itted. Based on my inquiry of use persons directly responsible	f the person or persons who is for vathering the informa	manage the syste	item,						
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FUR ADDITIONL NOTES. COMMENTS AND REQUIREMENTS.

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EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

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FACILITY BROOKHAVEN NATIONAL LABORATORY

USDDE

UPTON

Form Approved. OMB No. 2040-0004

ADDRESS BROOKHAVEN NATIONAL LABORATORY NY0005835 53 BELL AVE. BLDG 464

NY 11973

003 M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

HFBR & AGS NON-C COOL, ETC (HO)

PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY

LOCATION UPT ON		KATUKY Y 11973	FROM 01	MO DA	Y YEAR	MO DAY 10 31 ≠	≠ NO DISC	CHARGE		1 ***	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

0 1237/oThis is a 24-part form.

UPTON

LOCATIONLIPT ON

11

ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 0005835 PERMIT NUMBER

004 M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL MRR NON-CONTACT COOLS HTR (HP)

NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY NY 11973

MONITORING PERIOD YEAR MO DAY YEAR MO DAY **FROM** 01 10 01 TO 01 10 31

*** NO DISCHARGE |X| ***

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Michael Holland	to ass	red under my direction or su ure that qualified personnel p	remorts eather and evaluate	the Information			-	TELEPHO	NE .	<u>D</u>	ATE
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OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONL NOTES, COMMENTS & REQUIREMENTS

PA Form 3320-1 (Rev. 3/99) Previous editions may be used.

01238/OThis is a 24-part form.

PAGE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

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

NY0005835 PERMIT NUMBER

005 M DISCHARGE NUMBER

F - FINAL

MAJOR

(SUBR 01)

NSLS COOLING TOWN BLON ETC(HS)

UPTON NY 11973 **MONITORING PERIOD** FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY

LOCATIONUPTON	N	Y 11973	FROM 01	10 0	1 10	01	10 31 **	DIS NO DIS	CHARGE	11	***	
ATTN: GEORGE MALOSH.	GROUP MG	R					N	OTE: Read inet	ructions bef	ore comp	pleting this	form.
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NAME/TITLE PRINCIPAL EXECUTIVE	Drepa	ly under penalty of law that red under my direction or su	pervision in accordance wit	h a evelem dada.	æd				TELEPH	ONE	C	ATE
Michael Holland	submi	are that qualified personnel p tied. Based on my inquiry o	f the person or persons who	manage the syst	em.						1 1	
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TYPED OR PRINTED	Includ	ing the possibility of fine and	imprisonment for knowing	violations.			ATURE OF PRINCIPAL FICER OR AUTHORIZI	EXECUTIVE ED AGENT	AREA NUA			MO DAY
COMMENTS AND EXPLANATION OF	ANY VIOLATION	S (Reference all atti	echments here)									

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

MONITORING PERIOD

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UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATIONU PT ON NY 11973

NYOOO5835 (DIED NYOOO5835

YEAR MO DAY

FROM 01

OO7 M DISCHARGE NUMBER

PERIOD MA

MAJOR (SUBR 01) F - FINAL

WATER TREATMENT PLT BKHSH (HX)

10 01 TO 01 10 31 *** NO DISCHARGE | *** NOTE: Read instructions before completing this form

ATTN: GEORGE MALOSH,	GROUP HO	SR	<u> </u>		<u> </u>		NOTE: Read instr	uctions befor	com	pleting this	form.
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Michael Holland	or the	illed. Based on my inquiry of ose persons directly resonabl	the person or persons who	manage the syste	ım,		1				
Area Group Manager	subm	itted is, to the best of my kno- aware that there are significar	wiedge and belief, true, acc it penalties for submitting f	urate, and compliable information.	ata .	8IGNATURE OF PRINCIPAL EXECUTIVE 631					
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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SEE PERMIT FOR ADDITIONL NOTES, COMMENTS & REQUIREMENTS

01240/0This is 24-past form.

ADDRESS BROOKHAVEN NATIONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

USDOE

UPTON

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

MONITORING PERIOD

DAY

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

MO

DOR M DISCHARGE NUMBER

YEAR MO DAY

MAJOR (SUBR 01) F - FINAL

STORMNTR RUNOFF WAREHOUSE (HW)

LOCATIONUPTON FROM NY 11973 លរ 01 10 31 NOTE: Read instructions before completing this form. ATTN: GEORGE HALOSH, GROUP MGR FREQUENCY **PARAMETER** QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. SAMPLE TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE FLOW RATE See Note 4 **** (07) **** **シ**キ キキ キキ **** 6,208 MEASUREMENT 1/MO INSTA PERMIT 00056 1 ****** 0 0 REPORT MEE 11.4 REQUIREMENT in the state of the EFFLUENT GROSS VALU CDATLY MX GPD *** MONT SAMPLE *** *** (12)7.3 7.3 MEASUREMENT 1/MO GRAB PERMIT 040000 REPORTS 00400 1 0 0 ******** 30 ml 8-5 INCE/SCRABS REQUIREMENT EFFLUENT GROSS VALU With the second second *** HINIMUM MAXIMUM SU SAMPLE OIL & GREASE **** **** **** (19) MEASUREMENT 1/MO GRAB PERMIT 00556 0 0 vores e • • • • • • • • • • • WEEN EFFLUENT GROSS VALUE REQUIREMENT MONILY HX MG/L SAMPLE 1. 1-DI CHLOROETHYLENS *** (28) MEASUREMENT 1/MO GRAB PERMIT 34501 1 ****** 0 ES DICE REQUIREMENT EFFLUENT GROSS VALUE UG/L SAMPLE 1. 1. 1- TR I CHLORO-**** 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 (28) MEASUREMENT 1/MO GRAB **ETHANE** PERMIT 34506 1 0 0 INCE! EFFLUENT GROSS VALUE REQUIREMENT UG/L MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information Michael Holland 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 Area Group Manager submitted is, to the best of my knowledge and belief, true, accurate, and complete. 631,344-3424 I am aware that there are significant penalties for submitting false information. SIGNATURE OF PRINCIPAL EXECUTIVE TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY

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 & REQUIREMENTS.

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NAME	U	S	D	0	Ε		
ADDRESS	BI	ROI	JKI	A	VEN	NATIONAL	LABORATOR

Y NY0005835 **PERMIT NUMBER**

010 M DISCHARGE NUMBER

MAJOR

(SUBR 01) F - FINAL

STORMWTR R O CENTRAL STEAM (H)

53 BELL AVE. BLDG 464 UPTON NY 11973 **MONITORING PERIOD** FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY LOCATIONLIPTON NY 11973 FROM 01 10 01 TO 01 10 31

ATTN: GEORGE MALOSH.	GROUP MG	R					NOTE: Read inetr	uctions befor	com	pleting thi	a form.
PARAMETER		QUA	NTITY OR LOADIN	IG .	QUA	LITY OR CONCENT	RATION		NO.	FREQUENCY	SAMPLE
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Michael Holland	to assur	re that qualified personnel p ted. Based on my inquiry of	roperly gather and evaluate the nerson or nersons who	the information			<u> </u>				
Area Group Manager	or thos	e persons directly responsible led is, to the best of my knoware that there are significan	e for gathering the informat	ion, the informa	lion		6	31 1344-3	ነ ልኃፊ		
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PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING STORM EVENT. (IF NO DISCHARGE, ENTER "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY 53 BELL AVE, BLDG 464

UPT ON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONUPTON NY 11973 NY0005835 PERMIT NUMBER

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FROM

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DAY

01 TO

01

06A M DISCHARGE NUMBER

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MONITORING PERIOD YEAR MO DAY

31

MAJOR (SUBR 01) F - FINAL

LINAC NCCW, FLOOR DNS, ETC (HT1)

*** NO DISCHARGE |_ | ***

ATTN: GEORGE MALOSH.	GROUP M	GR					NOTE: Read inst	ructione befo	re com	pleting thi	s form.
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Michael Holland		mure that qualified personnel j nitted. Based on my inquiry o lose persons directly responsib	like person or persons who	manage the rest	j						
Area Group Manager		villed is, to the best of my kno naware that there are significa	wiedge and belief, true, acc at penalties for submitting t	urate, and compl later information	lete	RIGNATINE OF BUILDING EVECTORS			-3424		
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS AND REQUIREMENTS

OMB No. 2040-0004

Form Approved.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (/D(firent)) USDOE ADDRESS BROOKHAVEN NATIONAL LABORATORY 53 BELL AVE. BLDG 464 UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY

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

NY0005835 06B M PERMIT NUMBER

MONITORING PERIOD

YEAR MO DAY

DISCHARGE NUMBER

YEAR MO DAY

MAJOR (SUBR 01) F - FINAL

COOLING TOWN FROM 919 ETC(HT2)

PARAMETER		QUANTITY OR LOADING			QUAL		NO.		SAMPLE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
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TYPED OR PRINTED		vare that there are significa- ing the possibility of fine and	st penalties for submitting f	alse information.	. SIGN	NATURE OF PRINCIPAL FFICER OR AUTHORIZE	EXECUTIVE	AREA NUMBI	3424		MO DA

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERHIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

ATTACHMENT II

BROOKHAVEN NATIONAL/LABORATORY

SPDES PERMIT NO/NY0005835

DISCHARGE MONITORING REPORT FOR OCTOBER 2001

ANALYTICAL RESULTS FROM H2M LABS, INC.

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

10/4/01 AND 10/8/01

FROM OUTFALL 001