Environmental Services Division



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

August 21, 2002

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 July 2002 REFERENCE: Letter from Robert Desmarais to Cunniff dated July 29, 2002

Included as Attachment I, please find the DMR for the month of July 2002. 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 the daily maximum fecal coliform concentration at Outfall 001, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please refer to item four of the Discharge Monitoring Report Notes section for a description of this excursion. The compliance sample was collected during cleaning operations on the UV disinfection system, which resulted in the elevated coliform concentrations. The cleaning procedure has been modified to prevent future excursions.

Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of May 2002.

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 August 28, 2002. 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

Division

LEC/MA:cr

Attachment I:

Discharge Monitoring Report for July 2002.

Attachment II:

Analytical Results from H2M Labs for samples collected on 7/8/02 and 7/11/02

from Outfall 001.

Attachment III:

Analytical Results from H2M Labs for samples collected from Outfalls 002,

002B, 005, and 006A.

Attachment IV:

Non-Compliance Report for July SPDES Excursion at Outfall 001.

Attachment V:

Computer generated Discharge Monitoring Report for July 2002.

cc:	M. Allocco	w/attachments	M. Baldwin	w/attachments
	M. Bebon	w/o attachments	W. Chaloupka	w/attachments
	L. Cunniff	w/o attachments	S. Dierker	w/o attachments
	G. Granzen	w/o attachments	J. Higbie	w/attachments
٠.,	C. Johnson	w/o attachments	R. Lee	w/attachments
	E. Lessard	w/o attachments	D. Lowenstein	w/o attachments
	E. Murphy	w/attachments	A. Queirolo	w/o attachments
	V. Radeka	w/o attachments	T. Sheridan	w/o attachments
	D. Van Duyne	w/attachments	M. Wood	w/o attachments

EC62ER.02

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for July 2002 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. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
- 3. There was no discharge from Outfalls 008 and 010 during this reporting period.
- 4. The fecal coliform concentration at outfall 001 on July 11, 2002, was 800 MPN/100 mL, which exceeds the permit daily maximum level of 400 MPN/100 mL. The sample was collected during cleaning operations of the UV disinfection system and occurred after one bank of lights had been cleaned, and believed to be still warming up, and the other bank had been shutdown. A review and instituted change of cleaning procedures should prevent a similar incident from occurring.
- 5. The compliance sample collected from outfall 006B on July 23, 2002 for oil and grease analysis was not preserved with acid to reach a pH <2 as required by EPA Method 1664A at time of collection. Therefore the analytical laboratory has qualified the results.

ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR JULY 2002 FOR OUTFALLS NO. 001 – 010

ADDRESS BROOKHAVEN MATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

LOCATIONUPTON

NY0005835 PERMIT NUMBER OO1 M DISCHARGE NUMBER فالملافظ للمالا

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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 GW VIA EXFILT FROM SFB.S.

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BROOKHAVEN AREA OFFICE

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Form Approved. OMB No. 2040-0004

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BROOKHAVEN AREA OFFICE

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RESS BROOKHAVEN NATIONAL LABORATORY

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NY 11973

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

Form Approved. OMB No. 2040-0004

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BROOKHAVEN AREA OFFICE

UPTON

DRESS BROOKHAVEN NATIONAL LABORATORY

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NY 11973

OMB No. 2040-0004

NY0005835 PERMIT NUMBER

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

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYST® (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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FLOW; IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.16	_******	(03)	*****	****	****		0	05/30	RC
50050 1 0 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT DATLY AV		MGD ·	*,****			****		ONCE/ MONTH	REDRDA
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Mr. Frank Crescenzo Acting Area Group Man	nager submitte	e that qualified personnel pri ed. Based on my inquiry of a persons directly responsible ed is, to the best of my know are that there are significant	the person or persons who i for gathering the informati ledge and belief, true, accu-	manage the system ion, the informational	ion te.	TURE OF PRINCIPAL	EVECUITAVE	_1	-342	4	
TYPED OR PRINTED	Includin	g the possibility of fine and i	mprisonment for knowing	violations.		ICER OR AUTHORIZE		NUMBER	1	YEAR M	O DAY

DISCHARGE MONITORING REPORT (DMR)

NY0005835 **PERMIT NUMBER**

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

WATER TREATMENT PLT BKWSH (HX)

*** NO DISCHARGE

MONITORING PERIOD FROM 02 07 01 TO 02 07 31

ICATIONUPTON NY 11973

ICILITY BROOKHAVEN NATIONAL LABORATORY

JORESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

BROOKHAVEN AREA OFFICE

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IME USDOE

UPTON

PARAMETER		QUA	ANTITY OR LOADIN	LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	[^	ANALYSIS	TYPE
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H	SAMPLE MEASUREMENT	*****	****		7.6	****	7.6	(12)	0	01/30	GR
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	SAMPLE MEASUREMENT		·								
	PERMIT REQUIREMENT	Section 1						# B			
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	PERMIT REQUIREMENT SAMPLE										
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	PERMIT REQUIREMENT					The second second					
AME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information								TELEPHO	NE	D/	ATE
fr. Frank Crescenzo Acting Area Group Manag	led. Based on my inquiry of e persons directly responsibled is, to the best of my kno-	the person or persons who e for gathering the informat wiedge and belief, true, accu	manage the syste lon, the informa irate, and comple	m, tion			631 	1424			
TYPED OR PRINTED	l am av	are that there are significant penalties for submitting false information, ig the possibility of fine and imprisonment for knowing violations.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			2424 ER	YEAR N	MO DAY

JAMPLES 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.

HEE PERMIT FOR ADDITIONE NOTES, COMMENTS & REQUIREMENTS

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

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PAGE

Form Approved. OMB No. 2040-0004

USDOE

IDDRESS BROOKHAVEN NATIONAL LABORATORY: BROOKHAVEN AREA OFFICE

UPTON NY 11973 NY0005835 **PERMIT NUMBER**

008 M **DISCHARGE NUMBER** MAJOR (SUBR 01) F - FINAL

STORMUTR RUNOFF WAREHOUSE (HW)

MONITORING PERIOD ACILITY BROOKHAVEN NATIONAL LABORATORY: YEAR MO DAY YEAR MO DAY OCATIONUPTON FROM 02 07 01 TO 02 07 31 *** NO DISCHARGE | *** NY 11973

PARAMETER	QUA	NTITY OR LOADIN	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF	TYPE
FLOW RATE see note 3	SAMPLE MEASUREMENT	****		(07)	*****	*****	*****				
DOO56 1 0 0 <u>Efflüent Gross val</u> üe	PERMIT REQUIREMENT	*****	REPURT	6PD				****			
PH	SAMPLE MEASUREMENT	*****	*****			*****	:	(12)			
DO400 1 0 0 Efflüent Gross value	PERMIT REQUIREMENT	******		***	REPURI.			รบ			
DIL & GREASE	SAMPLE MEASUREMENT	****	*****	·	*****	****		(19)		CHILLY SCHOOLS	N1623.452.
DO556 1 0 0 Effluent gross value	PERMIT REQUIREMENT			*** ****			OATE A	MG/L			
1,1-DICHLOROETHYLEN	SAMPLE MEASUREMENT	*****	****		*****	*****		(28)	· MADELE		
34501 1 0 0 <u>Effluent Gross Valu</u> e	PERMIT REQUIREMENT	*****		***			DAILY #X	UG/L		WEE!	
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34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		*****	***	*****		DAILY H	UG/L		Ne ZA	
	SAMPLE MEASUREMENT								Salter 4)	AND STATEMENT	-34
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 1 certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed					ed .			TELEPHON	E	DA	ATE
Mr. Frank Crescenzo Acting Area Group Manag	submitte or those	that qualified personnel pr ed. Based on my inquiry of a persons directly responsible ed is, to the best of my know	the person or persons who if for gathering the information	manage the system ion, the informat	lon	,					
TYPED OR PRINTED	are that there are significant g the possibility of fine and i	penalties for submitting fo	lse information.	SIGNA	TURE OF PRINCIPAL !		344-3 NUMBER		YEAR M	10 DA	

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.

OF

CILITY BROOKHAVEN NATIONAL LABORATORY

USDOE

UPTON

CATIONLIPTON

DRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
PERMIT NUMBER

NY 11973

NY 11973

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

STORMNTR R O CENTRAL STEAM (H)

*** NO DISCHARGE | X | ***

| MONITORING PERIOD | YEAR | MO | DAY | YEAR | MO | DAY | OZ | O7 | 31 |

NOTE: Read instructions before completing this form. TIN: GEORGE MALOSH, GROUP MGR NO. FREQUENCY **PARAMETER QUANTITY OR LOADING** SAMPLE **QUALITY OR CONCENTRATION** EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** UNITS SAMPLE ***** LOW RATE (07) ***** ***** ***** MEASUREMENT seenote 3 PERMIT DNCE! INSTAN 0056 1 0 0 REPORT ***** REQUIREMENT FFLUENT GROSS VALUE DAILY MX GPD **** HONTH: SAMPLE ***** ***** **** (12)MEASUREMENT 0400 1 0 0 PERMIT REPORT. DICE! GRAB 8.5 FFLUENT GROSS VALUE REQUIREMENT SU HOMFH MINIMUM HAXIAUN SAMPLE IL & GREASE (19) **** **** MEASUREMENT PERMIT 0556 1 0 0 THE ENGLAS FFLUENT GROSS VALUE REQUIREMENT HONEH DAILY MX MG/L *** SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were ME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information fr. Frank Crescenzo 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 344-3424 Acting Area Group Manager 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, **SIGNATURE OF PRINCIPAL EXECUTIVE** TYPED OR PRINTED . including the possibility of fine and imprisonment for knowing violations. NUMBER YEAR MO DAY OFFICER OR AUTHORIZED AGENT

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

ARAMETERS 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

UPTON

BROOKHAVEN AREA OFFICE

IDDRESS BROOKHAVEN NATIONAL LABORATORY

ACILITY BROOKHAVEN NATIONAL LABORATORY

NY0005835

NY 11973

06A H DISCHARGE NUMBER MAJOR (SUBR 01) F. - FINAL

LINAC NCCH, FLOOR DNS, ETC(HT1)

*** NO DISCHARGE !

PERMIT NUMBER

MONITORING PERIOD MO DAY YEAR MO DAY FROM 02

OCATIONUPTON NY 11973 NOTE: Read Instructions before completing this form. ATTN: GEORGE MALOSH, GROUP MGR FREQUENCY NO. **PARAMETER QUANTITY OR LOADING QUALITY OR CONCENTRATION** SAMPLE EX TYPE ANALYSIS **AVERAGE MAXIMUM UNITS** MINIMUM **AVERAGE MAXIMUM** UNITS SAMPLE 7.9 PH ***** ***** (12)***** **MEASUREMENT** 7.6 GR 05/30 PERMIT 9.0 DNCE/ GRAB 20400 0 0 1 REPORT ***** REQUIREMENT MONTH EFFLUENT GROSS VALUE **** SU MINIMUM MUMIXAM SAMPLE (19) & GREASE **** ***** ***** **** MEASUREMENT 01/30 $\angle 5.0$ GR DHCE//GRAB PERMIT 00556 1 0 0 15 REQUIREMENT HONTH EFFLUENT GROSS VALUE DAILY MX MG/L SAMPLE FLOW: IN CONDUIT OR (03) ***** ***** **** THRU TREATMENT PLANT MEASUREMENT 0.05 05/30 l RC DNCE/ RCORDE 50050 1 0 1 PERMIT REPORT EFFLUENT GROSS VALUE REQUIREMENT DAILY AV MGD *** HONTH SAMPLE **MEASUREMENT** see note 2 PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were **VAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE** DATE 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. Mr. Frank Crescenzo or those persons directly responsible for gathering the information, the information Acting Area Group Manager submitted is, to the best of my knowledge and belief, true, accurate, and complete. B44-3424 I am aware that there are significant penalties for submitting false information, **BIGNATURE OF PRINCIPAL EXECUTIVE** TYPED OR PRINTED

including the possibility of fine and imprisonment for knowing violations.

OFFICER OR AUTHORIZED AGENT

NUMBER YEAR MO DAY

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

SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS AND REQUIREMENTS

OF

PERMITTE	E N	AME	/ADI	DRE	SS (Include Facility Name/Location (fD(firent)
NAME	U	S	D	0	E

UPTON

BROOKHAVEN AREA OFFICE

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

NY0005835	
	l h
PERMIT NUMBER	1 1

06B	M·	
DISCHARG	E NUMBER	

06B	M·
DISCHARGI	NUMBER

MONITORING PERIOD FROM 02 07 01 TO 02 07 31

MAJOR (SUBR 01) F - FINAL COOLING TOWR FROM 919 ETC(HT2)

*** NO DISCHARGE | | ***

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION HPTON NY 11973

ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

OP TUN		1 TTA12	FROM UZ	01 0	1 10 02		** NO DT2				
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system design to assure that qualified personnel property gather and evaluate the information					rd .		-	TELEPHON	1E	l D	ATE
Mr. Frank Crescenzo Acting Area Group Manager submitte submitte		ed. Based on my inquiry of the person or persons who manage the system, persons directly responsible for gathering the information, the information ed is, to the best of my knowledge and belief, true, accurate, and complete.			lon te.				3424		
TYPED OR PRINTED	Includir	are that there are significan ig the possibility of fine and	mprisonment for knowing	ise information, violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			R	YEAR I	MO DAY
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SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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