

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

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www.bnl.gov

June 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 May 2002 REFERENCE: Letter from Robert Desmarais to Cunniff dated May 30, 2002

Included as Attachment I, please find the DMR for the month of May 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.

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

LEC/MA:cr

Attachment I:

Discharge Monitoring Report for May 2002.

Attachment II:

Analytical Results from H2M Labs for samples collected on 5/2/02 and 5/6/02

from Outfall 001.

Attachment III:

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

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

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
	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 Duvne	w/attachments	M. Wood	w/o attachments

EC62ER.02

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for May 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. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
- 4. The percent removals for BOD, 5-day and Total Suspended solids were calculated using one-half the method detection limit as the value for all concentrations reported as less than the method detection limit (<MDL).

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

BROOKHAVEN AREA DEFICE

USDOE

Form Approved. OMB No. 2040-0004

NY0005835 **PERMIT NUMBER**

001 DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL PROCESS SANIT & STORMWIR RNOFF

UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONU PT DN NY 11973

ADDRESS BROOKHAVEN NATIONAL LABORATORY

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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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FACILITY BROOKHAVEN NATIONAL LABORATORY

UPTON

LOCATIONUPT ON

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

Form Approved. OMB No. 2040-0004

USDDE ADDRESS BROOKHAVEN NATIONAL LABORATORY NY0005835 BROOKHAVEN AREA OFFICE

NY 11973

NY 11973

PERMIT NUMBER

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

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

ADDRESS BROOKHAVEN NATIONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

BROOKHAVEN AREA OFFICE

USDOE

UPTON

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

MONITORING PERIOD

NY0005835 PERMIT NUMBER

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(SUBR 01) F - FINAL

MAJOR

PROCESS SANIT & STORMWIR RNOFF

*** NO DISCHARGE

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Mr. Frank Crescenzo Acting Area Group Manager TYPED OR PRINTED

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all ettechments 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.

-SEE PERMIT-FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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BROOKHAVEN AREA OFFICE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

USDOE

UPTON

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

Form Approved. OMB No. 2040-0004

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

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UPTON

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

Form Approved. OMB No. 2040-0004

HSDOF NY0005835 ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE

NY 11973

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

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BROOKHAVEN AREA DEFICE

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONU PTON NY 11973

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FROM

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(SUBR 01) F - FINAL

MAJOR

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

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

SEE PERMIT FOR ADDITIONL NOTES, COMMENTS AND REQUIREMENTS.

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WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.
EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

01203/0Zbjshd-nad form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (/ D(firmi))

USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA DFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONUPT ON NY 11973 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

NY0005835

PERMIT NUMBER

005 M

DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL NSLS COOLING TOWN BLDN ETC(HS)

YEAR MO DAY YEAR MO DAY FROM 02 05 01 TO 02 05 31 *** NO DISCHARGE | ***

ATTN: GEORGE MALOSH.		NY 11973 Gr	FROM 02	ן פט)T 10 [J2	05 31 **	F* NU DI. IOTE: Read inc	SCHARGE tructions bef	ore com	』 本本本 ploting this	form.
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NAME/TITLE PRINCIPAL EXECUTIVE	prep.	ared under my direction or su- oure that qualified personnel a	pervision in accordance with resperiy eather and evaluate	a system design					TELEPHO	ONE	D.	ATE
Mr. Frank Crescenzo Acting Area Grop Manage	er subm	uited. Based on my inquiry of ose persons directly responsible uitted is, to the best of my kno	I the person or persons who le for gathering the informat wiedge and belief, true, accu	manage the syste ion, the informat trate, and count	em,				631 344-	3424		
TYPED OR PRINTED	Inclu	aware that there are significanding the possibility of fine and	imprisonment for knowing	ise information, violations.			TURE OF PRINCIPAL CER OR AUTHORIZE		AREA NUM	ER.	YEAR I	MO DAY
OMMENTS AND EXPLANATION OF	ANY VIOLATION	NS <i>(Reference all atta</i>	chments here!									

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

PF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different) USDOE

UPTON

FACILITY

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN NATIONAL LABORATORY

NY 11973

BROOKHAVEN AREA DFFICE

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

NY0005835	L
PERMIT NUMBER	

007 M
DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

WATER TREATMENT PLT BKWSH (HX)

MONITORING PERIOD YEAR MO DAY YEAR MO DAY

LOCATION UPT ON	ONAL L		RATORY Y 11973	FROM 02	MO DA 05 0	Y 1 TO	YEAR 02		** NO DI			1	***		
ATTN: GEORGE MALOSH. PARAMETER	GROUP	MG		ANTITY OR LOADIN	10	[01141		NOTE: Read Inc	tructio	me befor	·	Pleting th		m. AMPLE
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NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER	prepare	ed under my direction or sup	this document and all attachments were pervision in accordance with a system designed properly gather and evaluate the information						TELEPHONE		1E	D.		
Mr. Frank Crescenzo Acting Area Group Manag	er	submiti or thos submit	led. Based on my inquiry of e persons directly responsibl led 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 tion, the informat trate, and comple	m,				631	344-3	424			
TYPED OR PRINTED	t penalties for submitting is imprisonment for knowing	itse information, violations.	formation. SIGNATURE OF PRINCIPAL EXECUTIVE						YEAR	МО	DAY				

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.

LIPTON

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

Form Approved. OMB No. 2040-0004

NAME USDOE ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA DEFICE

NY0005835 PERMIT NUMBER

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

STORMWIR RUNOFF WAREHOUSE (HW)

*** NO DISCHARGE | ***

NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY

MONITORING PERIOD YEAR MO YEAR MO DAY FROM 05 רוה TO 717

LOCATION I PT ON NY 11973 NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH, GROUP MGR NO. FREQUENCY PARAMETER QUANTITY OR LOADING SAMPLE QUALITY OR CONCENTRATION FX TYPE ANALYSIS AVERAGE MAXIMUM UNITS MINIMIM AVERAGE MAXIMUM UNITS FLOW RATE See Note 3 SAMPLE **** (07) ***** **** **** 544453 /MO TNSTAN MEASUREMENT PERMIT 00056 1 REPORT ***** MARINE A THETAN REQUIREMENT EFFLUENT GROSS VALUE *** ADNTH ... DATI Y MX GPD SAMPLE РН **** **** (12) **** 7.1 7.1 /MO CRAR MEASUREMENT PERMIT REPORTS 00400 1 0**** **** matrices in Fig. HIT AT MINT OF THE EFFLUENT GROSS VALUE REQUIREMENT *** MINIMIM SU EHAXIMUNT BOUTHER SAMPLE OIL & GREASE **** **** **** (19) **4** 5 CRAB MEASUREMENT PERMIT 00556 the state of the state of the n 型目三角湯 EFFLUENT GROSS VALUE REQUIREMENT MG/L SAMPLE 1. 1-DI CHLOROETHYLENH **** ***** (28) **<** 1 /MO CRAR MEASUREMENT PERMIT 34501 1 O THE REAL PROPERTY. REQUIREMENT EFFLUENT GROSS VALUE **** LDAILYZHX UG/L HOMTHIS SAMPLE 1.1.1-TRICHLORO-**** (28) **<**1 lı /MO GRAB MEASUREMENT **ETHANE** PERMIT 34506 1 0 0 1 1 1 2 CRAB EFFLUENT GROSS VALUE REQUIREMENT DATLY MY *** UG/L MONT 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 assere that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system. or those persons directly responsible for gathering the information, the information Acting 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 including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED

Mr. Frank Crescenzo

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.

PAGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f Different)										
NAME	п	S	D	n	F					

HPTON

ADDRESS RROOKHAVEN NATTONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

BROOKHAVEN AREA DEFICE

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

NV0005835 PERMIT NUMBER

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

STORMWIR R O CENTRAL STEAM (H)

*** NO DISCHARGE

MONITORING PERIOD MO YEAR MO FROM 31 02 05 កា 05

LOCATION I I PT (IN NY 11973 NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR FREQUENCY NO. PARAMETER QUANTITY OR LOADING **QUALITY OR CONCENTRATION** SAMPLE TYPE ANALYSIS **AVERAGE** MAXIMUM UNITS MINIMIM **AVERAGE MAXIMUM** LINITS SAMPLE FI ON RATE **** 07) **** **** **** 25932 /MO n TINSTAN MEASUREMENT See Note 3 PERMIT 00056 1 0 0 REPORT INCE / INSTAN REQUIREMENT EFFLUENT GROSS VALUE *** MONTH MATIN MX GPD SAMPLE (12) PH 7.4 lı /MO 7.4 GRAB MEASUREMENT PERMIT 825 00400 Ω Ω REPORT FOAR 1 EFFLUENT GROSS VALUE REQUIREMENT HAKEHUM *** MINIMUM SII DIL & GREASE SAMPLE **** **** **** 19 **<**5 1 /MO GRAB MEASUREMENT PERMIT 00556 ***** O **** TITE S ERAR EFFLUENT GROSS VALUE REQUIREMENT MG/L HONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were **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 Mr. 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 Acting Area Group Manager 631 344-3424 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 including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED NUMBER OFFICER OR AUTHORIZED AGENT YEAR MO DAY

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

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

PAGE

FACILITY BROOKHAVEN NATIONAL LABORATORY

UPTON

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

Form Approved. OMB No. 2040-0004

USDOE ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE

NY 11973

NY0005835 **PERMIT NUMBER**

06A M DISCHARGE NUMBER MAJOR

(SUBR 01) F - FINAL LINAC NCCH, FLOOR DNS, ETC(HT1)

MONITORING PERIOD YEAR MO DAY YEAR MO DAY

LOCATIONUPTON ATTN: GEORGE MALOSH.	N	Y 11973	FROM U2					** NO DI NOTE: Read in			***	e form
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NAME/TITLE PRINCIPAL EXECUTIVE	d under my direction or sup	of law that this document and all attachments were rection or supervision in accordance with a system designed						TELEPHONE		0	ATE	
Mr. Frank Crescenzo Acting Area Group Manag	ire that qualified personnel property gather and evaluate the information lited. Based on my inquiry of the person or persons who manage the system, se persons directly responsible for gathering the information, the information lited is, to the best of my knowledge and belief, true, accurate, and complete.							631 344	3424			
TYPED OR PRINTED	Includi	aware that there are significant penalties for submitting false information, Iling the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT CODE						AREA NUMB	ER	YEAR	MO DAY	

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

Form Approved. OMB No. 2040-0004

USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE UPTON

NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONUPT ON NY 11973 NY0005835 PERMIT NUMBER

06B M DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 02 05 01 TO 02 05 31 *** NO DISCHARGE | ***

MAJOR (SUBR 01) F - FINAL

COOLING TOWN FROM 919 ETC(HT2)

ATTN: GEORGE MALOSH.		R 11973	PROM UZ	ן פט נ	11 10 02	05 31 +	NOTE: Read incl	ructione befor	e com	pleting this	form.
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
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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 properly gather and evaluate the information				ed				TELEPHONE		DATE	
Mr. Frank Crescenzo Acting Area Group Mana	ger submit	ited. Based on my inquiry of the persons directly responsibi- ited is, to the best of my kno	the person or persons who e for gathering the informa- wiedge and belief, true, seco	tion etc.				3424			
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS