

120 E. Fifth Ave., Bldg. 860 P. O. Box 5000 Upton, NY 11973-5000 Phone 631 344-4549 Fax 631 344-7334 goode@bnl.gov

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

September 26, 2006

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 August 2006

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of August 2006. 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 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 August 10, 2006 exhibited a total nitrogen concentration of 10.8 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 August 2006.

-2-

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

MA. Krode

Division Manager

GAG/JR: car

Attachment I: Discharge Monitoring Report for August 2006.

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 8/7/06, 8/8/06, 8/10/06, and 8/25/06 from Outfall

001 (BNL Use Only).

Attachment IV: Analytical Results from General Engineering Laboratories for samples

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

Only).

cc: M. Bebon, w/o Attachments

G. Goode, w/o Attachments

M. Holland, w/o Attachments

C. Kao, w/ all Attachments

E. Lessard, w/ all Attachments

E. Murphy, w/ all Attachments

J. Remien, w/ all Attachments

R. Sorrentino, NYSDEC, w/ Attachment I

J. Tarpinian, w/o Attachments

J. Zamirowski, TAS, CH, w/ Attachment I

W. Chaloupka, w/ all Attachments

G. Granzen, w/ all Attachments

C. Johnson, w/o Attachments

R. Lee, w/ all Attachments

D. Lowenstein, w/o Attachments

V. Radeka, w/ all Attachments

A. Santino, SCDHS, w/ Attachment I

B. Style, w/o Attachments

D. Van Duyne, w/ all Attachments

File: EC62ER.06

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for August 2006 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. There was no discharge from Outfall 002B during this reporting period.
- 4. The total nitrogen concentration did not meet the permit limits for the sample collected on August 10, 2006. Please see Attachment II for the Non-Compliance Report.

ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR AUGUST 2006 FOR OUTFALLS NO. 001 – 010

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

NAME

USDOF

ADDRESS

BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON

NY 11973

FACILITY

BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: MICHAEL HOLLAND, GROUP MGR

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

MAJOR NY0005835 001 M (SUBR 01) Permit Number Discharge Number F - FINAL Monitoring Period PROCESS SANIT & STORMWTR RNOFF *** No Discharge From To YR MO DY YR MO DY

06 08 01 06 08 31 Note: Read Instructions before completing this form FREQUENCY NO. SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER EΧ OF **TYPE** AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** TEMPERATURE, WATER SAMPLE (15)..... 0 01/01 GR **DEG. FAHRENHEIT** MEASUREMENT 00011 1 0 0 **** PERMIT 9n ***** -----***** ***** GRAB DAILY ----**EFFLUENT GROSS VALUE** REQUIREMENT DAILY MX DEG.F BOD, 5-DAY SAMPLE (19)***** ***** 0 <2 <2 03/30 24 (20 DEG. C) MEASUREMENT **** 00310 1 0 0 PERMIT 10 20 ***** ***** ***** ONCE/MONTH COMP24 **** **EFFLUENT GROSS VALUE** REQUIREMENT DAILY AV DAILY MX MG/L SAMPLE (12)****** ***** ***** 6.6 7.4 0 01/01 GR MEASUREMENT 00400 1 0 0 PERMIT **** 5.8 9.0 ***** ***** ***** **GRAB** DAILY **EFFLUENT GROSS VALUE** REQUIREMENT MINIMIIM MAXIMUM SII SOLIDS, TOTAL SAMPLE (19) ***** ***** < 0.85 <1.1 Ð 03/30 24 SUSPENDED MEASUREMENT **** 10 20 00530 1 0 0 PERMIT ****** ***** ***** ONCE/MONTH COMP24 **** **EFFLUENT GROSS VALUE** REQUIREMENT DAILY AV DAILY MX MG/L SOLIDS, SETTLEABLE SAMPLE (25)-----**** **** 0.0 0 01/01 GR **MEASUREMENT** **** 00545 1 0 0 PERMIT 0.1 ***** ***** ****** ***** GRAB DAILY **EFFLUENT GROSS VALUE** *** REQUIREMENT DAILY MX ML/L NITROGEN, TOTAL SAMPLE (19)***** ***** ***** ----10.8 1 03/30 24 (AS N) See Note #4 MEASUREMENT *** 00600 1 0 0 PERMIT 10 ***** ***** ***** ***** COMP24 ONCE/MONTH **** EFFLUENT GROSS VALUE DAILY MX MG/L REQUIREMENT NITROGEN, AMMONIA SAMPLE (19)**** ***** ***** 24 0 03/30 TOTAL (AS N) MEASUREMENT 00610 1 0 0 PERMIT **** 2 ***** ***** ***** ONCE/MONTH COMP24 **** MG/L **EFFLUENT GROSS VALUE** REQUIREMENT DAILY MX NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction MA Goode George A. Goode Telephone or supervision in accordance with a system designed to assure that qualified personnel properly gather 631-344-4549 **Division Manager** and evaluate the information submitted. Based on my inquiry of the person or persons who manage the

system, or those persons directly responsible for gathering the Information, the Information submitted is, to the

best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties

for submitting false information, including the possibility of fine and Imprisonment for knowing violations.

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

Environmental & Waste Management

Services Division

Typed or Printed

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCLIBUT 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

Date Signed 9/26/06

Signature of Principal Executive

PERMITTEE NA	AME/ADDRESS	(Include	Facility Na	me/Location	if Different)

NAME (

USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON

NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON

NY 11973

ATTN:

MICHAEL HOLLAND, GROUP MGR

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

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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. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME

USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON

NY 11973

FACILITY

BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON

NY 11973

ATTN:

MICHAEL HOLLAND, GROUP MGR

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

MAJOR NY0005835 001 M (SUBR 01) Permit Number Discharge Number F - FINAL **Monitoring Period** PROCESS SANIT & STORMWTR RNOFF From *** No Discharge To YR MO DY YR MO DY

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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. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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or supervision in accordance with a system designed to assure that qualified personnel properly gather

best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties

for submitting false information, including the possibliity of fine and imprisonment for knowing violations.

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

George A. Goode

Division Manager
Environmental & Waste Management

Services Division

Typed or Printed

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APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

PH		SAMPLE MEASUREMENT	AVERAGE ******	MAXIMU
	PARAMETER		QUAI	NTITY OR
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR		
FACILITY LOCATION	BROOKHAVEN NATIONAL UPTON	NY 11973		
	UPTON	NY 11973		
	BROOKHAVEN AREA OF	FICE	•	
NAME ADDRESS	U S D O E BROOKHAVEN NATIONAL	. LABORATORY		
PERMITTEE	NAME/ADDRESS (Include	Facility Name/Loca	tion if Differer	nt)

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

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- 1			em, or those persons directly responsible for gathering the information, the information submitted is, to the									
Services Division			-			am aware that there are significant penalties Signature of Principal Executive Date Si Officer or Authorized Agent 9/26/			Signed			
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Comments and Explanation of any violations (Reference all attachments here)

DISCHARGE MAY 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, DISCARGE SHOULD BE TO NEW BASIN.

	AME/ADDRESS (Include ISDOE	Facility Name/Locat	ion if Differe	nt)		POLLUTANT E MONITORI			TION SYSTE	M (NPDES)		
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode

Division Manager Environmental & Waste Management

> Services Division Typed or Printed

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 for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Telephone 631-344-4549

Signature of Principal Executive Officer or Authorized Agent

Date Signed

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

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for submitting false information, including the possibliity of fine and imprisonment for knowing violations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

Services Division

Typed or Printed

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

Date Signed 9/26/06

Signature of Principal Executive

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Includ U S D O E BROOKHAVEN NATION	nt)		POLLUTANT E MONITORI			ION SYSTE	M (NPDES)					
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OCATION	UPTON	NY 11973			From	То]	***	No Discha	rge	****		
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George A. Goode or supervision in accordance with a Division Manager and evaluate the information submit			•			M	1h.	hood.	Telepho 631-344-				

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best of my knowledge and belief, true, accurate, and complete. I'am aware that there are significant penalties

for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

Environmental & Waste Management

Services Division

Typed or Printed

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FOR DMR SAMPLING PURPOSES. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

Date Signed

Signature of Principal Executive

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PERMITTEE	NAME/ADDRES	SS (Include Facility Name/Loca	tion if Different)
NAME	USDOE		
ADDRESS	BROOKHAVEN	NATIONAL LABORATORY	
	BROOKHAVEN	AREA OFFICE	
	UPTON	NY 11973	
FACILITY	BROOKHAVEN	NATIONAL LABORATORY	
LOCATION	UPTON	NY 11973	
ATTN:	MICHAEL HOL	LAND, GROUP MGR	• .

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

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Environmental & Waste Man	agement		te the information sub te persons directly re					/	0111/	VOUCE	. 001-04	7-7070
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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.

	NAME/ADDRESS (Include	e Facility Name/Loca	tion if Differe	nt)		POLLUTANT			ION SYSTE	M (NPDES)			
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system, or those persons directly responsible for gathering the information, the information submitted is, to the

best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties

for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

Environmental & Waste Management

Services Division

Typed or Printed

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.

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include IAME USDOE ADDRESS BROOKHAVEN NATIONAL	- -	tion if Differei	nt)		POLLUTANT E MONITORI			ION SYSTE	M (NPDES)		
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system, or those persons directly responsible for gathering the information, the information submitted is, to the

best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties

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Environmental & Waste Management

Services Division

Typed or Printed

Date Signed 9/26/06

Signature of Principal Executive

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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 AUGUST 2006 NONCOMPLIANCE REPORT



New York State Department of Environmental Conservation Division of Water



Report of Noncompliance Event

		R. Sorrentin			DEC Region:	1
Report Type: 5-Day X	Permit Violation	Order Violatio	n Anticipated No	oncompliance	Bypass/Overflow	
ECTION 2						
	0005835 F	acility: U.S. Dep	artment of Energy/Broo	khaven National l	Laboratory	
Date of noncompliance:	8/10/06	Location (Outfall,	Treatment Unit, or Pun	np Station): <u>001</u>		
escription of noncompliance(s) and c trogen concentration of 10.8 mg/L, ntributing cause to the increased le the process of determining approp	, which exceeds the po evels of nitrogen in th	ermit limit of 10 mg he discharge. Plant	g/L. Inadequate control operators have recently	of oxygen levels d replaced all disso	uring treatment is a olved oxygen sensors a	
as event ceased (Yes) (No) If so, w	hen? 8/2:	5/06 Was	event due to plant upset?	(Yes (No) SPDI	ES limits violated (Ye	(No)
art date, time of event: 8/10/06 Date	5 0951 ((AM) (PM) End	date, time of event:	8/25/06 Date	Time (AM)(PM	M)
ate, time oral notification made to DI	BC? Date	Time (A	AM) (PM) DEC Officia	al contacted:		
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direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive Officer or Authorized Agent