WF- Elliott

Environmental and Waste Management Services

BROOKHAVEN
NATIONAL LABORATORY

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

May 10, 2004

Ms. Kathleen Newcomer
Suffolk County Department of Health Services
Drinking Water Supply Section
220 Rabro Drive East
Hauppauge, New York 11788

Dear Ms. Kathleen Newcomer:

Subject: Monthly Water Treatment Plant Reports
Reference: Suffolk County Minimum Monitoring Requirements for April 2004

In accordance with the requirements of the BNL Potable Water System Sampling Plan and the 2004 SCDHS Minimum Monitoring Requirements for the BNL Potable Water Supply, included please find the following attachments for your records:

Attachment I: BNL Potable Water Monthly Operational Data and Bacteriological Analyses for April.

Attachment II: April 2004 Biweekly Water Quality Monitoring Data for the BNL Distribution System and Potable Water Wells.

All analytical results have been reviewed and have been found to be within New York State Department of Health Drinking Water Standards (NYSDOH DWS). Collection and analysis of these samples are performed in accordance with the guidelines of the BNL Quality Assurance program, the SCDHS Community Water Supply Monitoring Requirements, and the BNL Potable Water System Sampling Plan. Plant Engineering Division personnel using standard operating procedures collect routine monitoring samples; a contractor laboratory using standard methods of analysis performs the subsequent analyses. The Quality Assurance documentation is available from the Environmental and Waste Management Services Division and Plant Engineering Divisions. Based on this information, we believe the values contained in these reports are representative of the BNL potable water system.

NSF
REGISTERED TO
ISO 14001: 1996
NSF's Registration Program is accredited by the American National Standards Institute-Registrar Accreditation Board

Should there be any questions regarding this report or the analytical or operational data contained herein, please call either M. Allocco at (631) 344-3166, R. Lee at (631) 344-3148, or W. Chaloupka at (631) 344-7136.

Sincerely,

George A. Goode
Environmental & Waste Management Services
Division Manager

GAG/MA:car
Attachments: As noted

cc:	M. Allocco	w/attachments
	L. Ambroszkiewicz, SCDHS	w/attachments
	W. Chaloupka	w/attachments
	J. Granzen	w/attachments
	G. Goode	w/o attachments
	R. Lee	w/attachments
	E. Murphy	w/attachments
	P. Ponturo, SCDHS	w/o attachments
	L. Ross	w/o attachments
	J. Tarpinian	w/o attachments

File: EC61ER.04

ATTACHMENT I

Brookhaven National Laboratory

Potable Water Supply

Monthly Operational Data and Bacteriological Analyses for April 2004

for the BNL Potable Water System

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: APRIL 2004

LOCATION: **Water Treatment Facility**

Did an emergency occur in any part of the water system? YES ____ NO X

Source: Ground Water

Does the system have a chlorination waiver? YES ____ NO X

	CHLORINATION				pH	
	Treated	Liquid Sodium Hypochlorite		Free Cl2	__ Lime	Totalizer
Day of	Water	Gallons	Cl2 use	Residual	__ Sodium	Daily Totalizer
month	K Gals	20	per 24hrs	mg/l	Hydroxide	13111941
1	0	20	0	1.07	6.4	13111941
2	0	20	0	1.27	6.7	13111941
3	0					
4	0					
5	0	20	0	1.2	7.2	13111941
6	0	20	0	0.56	7.2	13111941
7	0	20	0	0.85	6.5	13111941
8	0	20	0	0.76	7	13111941
9	0	20	0	1.2	7.3	13111941
10	0					
11	0					
12	0	190	0	0.11	6.8	13111941
13	0	190	0	1	6.8	13111941
14	0	190	0	0.78	6.3	13111941
15	0	190	0	0.96	6.3	13111941
16	0	190	0	0.9	6.8	13111941
17	0					
18	0					
19	0	190	0	1.1	6.6	13111941
20	0	190	0	1	6.7	13111941
21	0	190	0	0.67	6.6	13111941
22	0	190	0	1	6.2	13111941
23	0	190	0	1	6.4	13111941
24	0					
25	0					
26	0	190	0	1.1	6.2	13111941
27	0	190	0	0.9	6.2	13111941
28	40	190	0	1.28	6.2	13111981
29	0	190	0	0.95	6.2	13111981
30	0	190	0	0.75	6.2	13111981
31	0					
TOT	40		0			
AVG.	1.33		0.00	No. Days:	30	

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES ____ NO X

If yes, check reason's below.

____ Actual number of samples fewer than required.

____ Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO X

If yes, check reason(s) below.

____ Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

____ Positive E. Coli result followed by a positive total coliform repeat sample.

____ Positive total coliform result followed by a positive E. Coli repeat sample.

Reported by: [signature]

Date: 5-6-04

Title: Water Systems Supervisor

Certification No. NY0031941

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: APRIL 2004

LOCATION: **WELL NO. 4**

Did an emergency occur in any part of the water system? YES ____ NO ✓

Source: Ground Water

Does the system have a chlorination waiver? YES ____ NO ✓

	CHLORINATION				pH	
	Treated	Liquid Sodium Hypochlorite		Free Cl2	__ Lime	Totalizer
Day of	Water	Gallons	Cl2 use	Residual	__ Sodium	Daily Totalizer
month	K Gals	120	per 24hrs	mg/l	Hydroxide	1648338
1	0	120	0	NR	NR	1648338
2	0	120	0	NR	NR	1648338
3	0					
4	0					
5	0	120	0	NR	NR	1648338
6	0	120	0	NR	NR	1648338
7	0	120	0	NR	NR	1648338
8	0	120	0	NR	NR	1648338
9	0	120	0	NR	NR	1648338
10	0					
11	0					
12	16	120	0	NR	NR	1648354
13	0	120	0	NR	NR	1648354
14	0	120	0	NR	NR	1648354
15	0	120	0	NR	NR	1648354
16	0	120	0	NR	NR	1648354
17	0					
18	0					
19	0	120	0	NR	NR	1648354
20	0	120	0	NR	NR	1648354
21	0	120	0	NR	NR	1648354
22	0	120	0	NR	NR	1648354
23	0	120	0	NR	NR	1648354
24	0					
25	0					
26	268	120	0	NR	NR	1648622
27	0	120	0	NR	NR	1648622
28	0	120	0	NR	NR	1648622
29	0	120	0	NR	NR	1648622
30	0	120	0	NR	NR	1648622
31	0					
TOT	284		0			
AVG.	9.47		0.00	No. Days:	30	

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES ____ NO ✓

If yes, check reason's below.

____ Actual number of samples fewer than required.

____ Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO ✓

If yes, check reason(s) below.

____ Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

____ Positive E. Coli result followed by a positive total coliform repeat sample.

____ Positive total coliform result followed by a positive E. Coli repeat sample.

Reported by: [signature]

Date: 5-6-04

Title: **Water Systems Supervisor**

Certification No. **NY0031941**

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: APRIL 2004

LOCATION: **WELL NO. 6**

Did an emergency occur in any part of the water system? YES ____ NO ✓

Source: Ground Water

Does the system have a chlorination waiver? YES ____ NO ✓

	CHLORINATION				pH	
	Treated	Liquid Sodium Hypochlorite		Free Cl2	Lime	Totalizer
Day of	Water	Gallons	Cl2 use	Residual	Sodium	Daily Totalizer
month	K Gals	81	per 24hrs	mg/l	Hydroxide	435615
1	0	81	0	NR	NR	435615
2	0	81	0	NR	NR	435615
3	0					
4	0					
5	0	81	0	NR	NR	435615
6	0	81	0	NR	NR	435615
7	1	81	0	NR	NR	435616
8	0	81	0	NR	NR	435616
9	0	81	0	NR	NR	435616
10	0					
11	0					
12	7	81	0	NR	NR	435623
13	0	81	0	NR	NR	435623
14	0	81	0	NR	NR	435623
15	0	81	0	NR	NR	435623
16	0	81	0	NR	NR	435623
17	0					
18	0					
19	0	81	0	NR	NR	435623
20	0	81	0	NR	NR	435623
21	205	81	0	NR	NR	435828
22	51	81	0	NR	NR	435879
23	132	81	0	NR	NR	436011
24	0					
25	0					
26	0	81	0	NR	NR	436011
27	138	81	0	NR	NR	436149
28	0	81	0	NR	NR	436149
29	10	81	0	NR	NR	436159
30	37	81+39	0	NR	NR	436196
31	0					
TOT	581		0			
AVG.	19.37		0.00	No. Days:	30	

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES ____ NO ✓

If yes, check reason's below.

____ Actual number of samples fewer than required.

____ Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO ✓

If yes, check reason(s) below.

____ Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

____ Positive E. Coli result followed by a positive total coliform repeat sample.

____ Positive total coliform result followed by a positive E. Coli repeat sample.

Reported by: [signature]

Date: 5-6-04

Title: Water Systems Supervisor

Certification No. NY0031941

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: APRIL 2004

LOCATION: **WELL NO. 7**

Did an emergency occur in any part of the water system? YES ____ NO ✓

Source: Ground Water

Does the system have a chlorination waiver? YES ____ NO ✓

	CHLORINATION				pH	
	Treated	Liquid Sodium Hypochlorite		Free Cl2	__ Lime	Totalizer
Day of	Water	Gallons	Cl2 use	Residual	__ Sodium	Daily Totalizer
month	K Gals	87	per 24hrs	mg/l	Hydroxide	1374139
1	0	87	0	NR	NR	1374139
2	0	87	0	NR	NR	1374139
3	0					
4	0					
5	0	87	0	NR	NR	1374139
6	0	87	0	NR	NR	1374139
7	0	87	0	NR	NR	1374139
8	0	87	0	NR	NR	1374139
9	0	87	0	NR	NR	1374139
10	0					
11	0					
12	4	87	0	NR	NR	1374143
13	0	87	0	NR	NR	1374143
14	0	87	0	NR	NR	1374143
15	0	87	0	NR	NR	1374143
16	0	87	0	NR	NR	1374143
17	0					
18	0					
19	0	87	0	NR	NR	1374143
20	0	87	0	NR	NR	1374143
21	276	83	4	NR	NR	1374419
22	0	83	0	NR	NR	1374419
23	240	80	3	NR	NR	1374659
24	0					
25	0					
26	0	80	0	NR	NR	1374659
27	173	80	0	NR	NR	1374832
28	12	80	0	NR	NR	1374844
29	9	80	0	NR	NR	1374853
30	264	80	0	NR	NR	1375117
31	0					
TOT	978		7			
AVG.	32.60		0.23	No. Days:	30	

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES ____ NO ✓

If yes, check reason's below.

____ Actual number of samples fewer than required.

____ Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO ✓

If yes, check reason(s) below.

____ Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

____ Positive E. Coli result followed by a positive total coliform repeat sample.

____ Positive total coliform result followed by a positive E. Coli repeat sample.

Reported by: [signature]

Date: 5-6-04

Title: **Water Systems Supervisor**

Certification No. **NY0031941**

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: APRIL 2004

LOCATION: **WELL NO. 10**

Did an emergency occur in any part of the water system? YES ____ NO ✓

Source: Ground Water

Does the system have a chlorination waiver? YES ____ NO ✓

	CHLORINATION				pH	
	Treated	Liquid Sodium Hypochlorite		Free Cl2	__ Lime	Totalizer
Day of	Water	Gallons	Cl2 use	Residual	__ Sodium	Daily Totalizer
month	K Gals	38	per 24hrs	mg/l	Hydroxide	769327
1	0	38	0	NR	NR	769327
2	0	38	0	NR	NR	769327
3	0					
4	0					
5	0	38	0	NR	NR	769327
6	0	38	0	NR	NR	769327
7	0	38	0	NR	NR	769327
8	0	38	0	NR	NR	769327
9	0	38	0	NR	NR	769327
10	0					
11	0					
12	104	38	0	NR	NR	769431
13	0	38	0	NR	NR	769431
14	0	38	0	NR	NR	769431
15	0	38	0	NR	NR	769431
16	0	38	0	NR	NR	769431
17	0					
18	0					
19	0	38	0	NR	NR	769431
20	0	38	0	NR	NR	769431
21	0	38	0	NR	NR	769431
22	0	38	0	NR	NR	769431
23	0	38	0	NR	NR	769431
24	0					
25	0					
26	1	38	0	NR	NR	769432
27	0	38	0	NR	NR	769432
28	0	38	0	NR	NR	769432
29	0	38	0	NR	NR	769432
30	0	38	0	NR	NR	769432
31	0					
TOT	105		0			
AVG.	3.50		0.00	No. Days:	30	

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES ____ NO ✓

If yes, check reason's below.

____ Actual number of samples fewer than required.

____ Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO ✓

If yes, check reason(s) below.

____ Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

____ Positive E. Coli result followed by a positive total coliform repeat sample.

____ Positive total coliform result followed by a positive E. Coli repeat sample.

Reported by: [signature]

Date: 5-6-04

Title: Water Systems Supervisor

Certification No. NY0031941

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: APRIL 2004

LOCATION: **WELL NO. 11**

Did an emergency occur in any part of the water system? YES ____ NO ✓

Source: Ground Water

Does the system have a chlorination waiver? YES ____ NO ✓

	CHLORINATION				pH	
	Treated	Liquid Sodium Hypochlorite		Free Cl2	Lime	Totalizer
Day of	Water	Gallons	Cl2 use	Residual	Sodium	Daily Totalizer
month	K Gals	60	per 24hrs	mg/l	Hydroxide	548876
1	1,542	39+111	21	0.76	6.8	550418
2	1,516	123	27	0.68	6.9	551934
3	0					
4	0					
5	4,280	60	63	NR	NR	556214
6	1,358	42	18	1.2	6.8	557572
7	1,217	30+120	12	NR	NR	558789
8	1,428	130	20	0.99	7	560217
9	1,530	99	31	1.2	7.8	561747
10	0					
11	0					
12	4,603	30+120	69	0.37	5.8	566350
13	1,560	132	18	0.93	NR	567910
14	1,570	111	21	0.89	NR	569480
15	1,532	93	18	0.9	NR	571012
16	1,516	75+75	18	0.85	NR	572528
17	0					
18	0					
19	4,633	93	57	0.8	NR	577161
20	1,807	78	15	0.82	NR	578968
21	1,245	60	18	0.9	NR	580213
22	1,561	42	18	NR	NR	581774
23	1,504	30+120	12	0.85	NR	583278
24	0					
25	0					
26	4,538	100	50	NR	NR	587816
27	1,430	80	20	NR	NR	589246
28	1,461	57	23	1.5	NR	590707
29	1,513	42+108	15	0.9	NR	592220
30	1,551	135	15	0.83	7	593771
31	0					
TOT	44,895		579			
AVG	1496.50		19.30	No. Days:	30	

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES ____ NO ✓

If yes, check reason's below.

____ Actual number of samples fewer than required.

____ Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO ✓

If yes, check reason(s) below.

____ Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

____ Positive E. Coli result followed by a positive total coliform repeat sample.

____ Positive total coliform result followed by a positive E. Coli repeat sample.

Reported by: [signature]

Date: 5-6-04

Title: **Water Systems Supervisor**

Certification No. **NY0031941**

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: APRIL 2004

LOCATION: **WELL NO. 12**

Did an emergency occur in any part of the water system? YES ____ NO ✓

Source: Ground Water

Does the system have a chlorination waiver? YES ____ NO ✓

	CHLORINATION				pH	
	Treated	Liquid Sodium Hypochlorite		Free Cl2	Lime	Totalizer
Day of	Water	Gallons	Cl2 use	Residual	Sodium	Daily Totalizer
month	K Gals	123	per 24hrs	mg/l	Hydroxide	683125
1	6	123	0	NR	NR	683131
2	0	123	0	NR	NR	683131
3	0					
4	0					
5	0	123	0	NR	NR	683131
6	0	123	0	NR	NR	683131
7	130	123	0	NR	NR	683261
8	0	123	0	NR	NR	683261
9	0	123	0	NR	NR	683261
10	0					
11	0					
12	32	123	0	NR	NR	683293
13	0	123	0	NR	NR	683293
14	3	123	0	NR	NR	683296
15	165	121	2	NR	NR	683461
16	0	121+29	0	NR	NR	683461
17	0					
18	0					
19	0	150	0	NR	NR	683461
20	194	147	3	NR	NR	683655
21	189	146	1	NR	NR	683844
22	56	146	0	NR	NR	683900
23	0	146	0	NR	NR	683900
24	0					
25	0					
26	6	146	0	NR	NR	683906
27	0	146	0	NR	NR	683906
28	3	146	0	NR	NR	683909
29	0	146	0	NR	NR	683909
30	0	146	0	NR	NR	683909
31	0					
TOT	784		6			
AVG.	26.13		0.20	No. Days:	30	

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES ____ NO ✓

If yes, check reason's below.

____ Actual number of samples fewer than required.

____ Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO ✓

If yes, check reason(s) below.

____ Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

____ Positive E. Coli result followed by a positive total coliform repeat sample.

____ Positive total coliform result followed by a positive E. Coli repeat sample.

Reported by: [signature]

Date: 5-6-04

Title: Water Systems Supervisor

Certification No. NY0031941

5/6/2004
Pump Data

MONTHLY GALLONAGE REPORT
APRIL2004.XLS

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	0	0	0	1,542	6	1,548
2	0	0	0	0	1,516	0	1,516
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	0	0	0	0	4,280	0	4,280
6	0	0	0	0	1,358	0	1,358
7	0	1	0	0	1,217	130	1,348
8	0	0	0	0	1,428	0	1,428
9	0	0	0	0	1,530	0	1,530
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	16	7	4	104	4,603	32	4,766
13	0	0	0	0	1,560	0	1,560
14	0	0	0	0	1,570	3	1,573
15	0	0	0	0	1,532	165	1,697
16	0	0	0	0	1,516	0	1,516
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	0	0	0	0	4,633	0	4,633
20	0	0	0	0	1,807	194	2,001
21	0	205	276	0	1,245	189	1,915
22	0	51	0	0	1,561	56	1,668
23	0	132	240	0	1,504	0	1,876
24	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0
26	268	0	0	1	4,538	6	4,813
27	0	138	173	0	1,430	0	1,741
28	0	0	12	0	1,461	3	1,476
29	0	10	9	0	1,513	0	1,532
30	0	37	264	0	1,551	0	1,852
31	0	0	0	0	0	0	0
Total	284	581	978	105	44,895	784	47,627

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	1,648,622	1,648,338	284
Well 6	436,196	435,615	581
Well 7	1,375,117	1,374,139	978
Well 10	769,432	769,327	105
Well 11	593,771	548,876	44,895
Well 12	683,909	683,125	784
AGS Water Supply Meter	500,954	494,529	6425.00
Medical Reactor - Well 105	0	0	0.00
Biology Building - Well 9	6,792,770	6,792,340	0.43

H2M LABS, INC.

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

LABORATORY RESULTS

Brookhaven National Lab.-BNLM
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0404356-001A

Sample Information...
Type : Potable Water
Origin : Distribution
Routine

Federal ID 5111891
Collected : 4/9/04 8:15:00 AM
Received : 4/9/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

Client ID. : 17810-001
Point No : 094-273
Location : B-49 Water Tower

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	04/10/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	04/10/2004 10:30 AM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	04/09/2004

Result(s) reported meet(s) Regulatory Limit(s).
Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.

Date Reported : 5/4/04

Joann M. Slavin
Laboratory Manager

H2M LABS, INC.

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

LABORATORY RESULTS

Brookhaven National Lab.-BNLM
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0404356-002A

Sample Information...
Type : Potable Water
Origin : Distribution
Routine

Federal ID 5111891
Collected : 4/9/04 8:45:00 AM
Received : 4/9/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

Point No : 076-408
Location : B-640 Water Tower

Client ID. : 17810-002

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	04/10/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	04/10/2004 10:30 AM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	04/09/2004

Result(s) reported meet(s) Regulatory Limit(s).
Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.

Date Reported : 5/4/04

Joann M. Slavin

Laboratory Manager

H2M LABS, INC.

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

LABORATORY RESULTS

Brookhaven National Lab.-BNLM
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0404356-003A

Sample Information...
Type : Potable Water
Origin : Distribution
Routine

Federal ID 5111891
Collected : 4/9/04 8:30:00 AM
Received : 4/9/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

Point No : 109-19
Location : B-363 Apt.Laundry

Client ID. : 17810-003

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	04/10/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	04/10/2004 10:30 AM
Total Residual Chlorine	0.3	mg/L		M4500-Cl G	04/09/2004

Result(s) reported meet(s) Regulatory Limit(s).
Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.

Date Reported : 5/4/04

Joann M. Slavin

Laboratory Manager

H2M LABS, INC.
575 Broad Hollow Road, Melville NY 11747
(631) 694-3040. FAX: (631) 420-8436 NYSDOH ID # 10478

LABORATORY RESULTS

Brookhaven National Lab.-BNLM
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0404356-004A

Sample Information...
Type : Potable Water
Origin : Distribution
Routine

Federal ID 5111891
Collected : 4/9/04 9:00:00 AM
Received : 4/9/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

Point No : 045-12
Location : B-1005 RHIC

Client ID. : 17810-004

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	04/10/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	04/10/2004 10:30 AM
Total Residual Chlorine	0.4	mg/L		M4500-Cl G	04/09/2004

Result(s) reported meet(s) Regulatory Limit(s).
Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.

Date Reported : 5/4/04

Joann M. Slavin
Laboratory Manager

H2M LABS, INC.
575 Broad Hollow Road, Melville NY 11747
(631) 694-3040. FAX: (631) 420-8436 NYSDOH ID # 10478

LABORATORY RESULTS

Brookhaven National Lab.-BNLM
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0404356-005A

Sample Information...
Type : Potable Water
Origin : Distribution
Routine

Federal ID 5111891
Collected : 4/9/04 10:00:00 AM
Received : 4/9/04 3:00:00 PM
Collected By : CLIENT
Copy : **Original**
CC

Point No : 075-602
Location : B-725 NSLS

Client ID. : 17810-005

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	04/10/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	04/10/2004 10:30 AM
Total Residual Chlorine	1.7	mg/L		M4500-Cl G	04/09/2004

Result(s) reported meet(s) Regulatory Limit(s).
Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.

Date Reported : 5/4/04

Joann M. Slavin
Laboratory Manager

H2M LABS, INC.
575 Broad Hollow Road, Melville NY 11747
(631) 694-3040 . FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

Brookhaven National Lab.-BNLM
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0404356-006A

Sample Information...
Type : Potable Water
Origin : Distribution
Routine

Federal ID 5111891
Client ID. : 17810-006
Collected : 4/9/04 11:00:00 AM
Point No : 084-69
Received : 4/9/04 3:00:00 PM
Location : B-490 Block 1 ACF
Collected By : CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	04/10/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	04/10/2004 10:30 AM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	04/09/2004

Result(s) reported meet(s) Regulatory Limit(s).
Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.

Date Reported : 5/4/04

Joann M. Slavin
Laboratory Manager

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
(631) 694-3040 . FAX: (631) 420-3436 NYSDOH ID # 10478

LABORATORY RESULTS

Brookhaven National Lab.-BNLM
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0404356-007A

Sample Information...
Type : Potable Water
Origin : Distribution
Routine

Federal ID 5111891
Collected : 4/8/04 10:45:00 AM
Received : 4/8/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

Point No : 084-68
Location : B-490 Block 4 MRC

Client ID. : 17810-007

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	04/10/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	04/10/2004 10:30 AM
Total Residual Chlorine	1.1	mg/L		M4500-Cl G	04/09/2004

Result(s) reported meet(s) Regulatory Limit(s).
Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.

Date Reported : 5/4/04

Joann M. Slavin
Laboratory Manager

H2M LABS, INC.

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

LABORATORY RESULTS

Brookhaven National Lab.-BNLM
70 Bell Ave.
Upton, NY 11973
Attn To : S. Scarpitta

Lab No. : 0404356-008A

Sample Information...
Type : Potable Water
Origin : Distribution
Routine

Federal ID 5111891
Collected : 4/9/04 8:30:00 AM
Received : 4/9/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

Point No : 1
Location : Duplicate - Bldg. 363

Client ID. : 17810-008

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	04/10/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	04/10/2004 10:30 AM
Total Residual Chlorine	0.3	mg/L		M4500-Cl G	04/09/2004

Result(s) reported meet(s) Regulatory Limit(s).
Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.

Date Reported : 5/4/04

Joann M. Slavin
Laboratory Manager

ATTACHMENT II

Brookhaven National Laboratory

Potable Water Supply

April 2004 Biweekly Water Quality Monitoring Data

for the BNL Distribution System and Potable Water Wells

Attachment II
Table 1 - Summary of Water Quality Analyses
for the BNL Potable Water System
April 2004

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	4/1/04	6.4	53	211	ANR	ANR
WTP	4/6/04	7.2	56	185	ANR	ANR
WTP	4/8/04	7.0	55	251	ANR	ANR
WTP	4/13/04	6.8	55	154	ANR	ANR
WTP	4/15/04	6.3	55	154	ANR	ANR
WTP	4/20/04	6.6	55	151	ANR	ANR
WTP	4/22/04	6.3	56	154	ANR	ANR
WTP	4/27/04	6.2	57	153	ANR	ANR
WTP	4/29/04	6.2	58	149	ANR	ANR
Well #11	4/1/04	6.8	55	120	ANR	ANR
Well #11	4/6/04	6.8	55	149	ANR	ANR
Well #11	4/8/04	7.0	55	272	ANR	ANR
Well #11	4/13/04	NR	55	145	ANR	ANR
Well #11	4/15/04	NR	55	143	ANR	ANR
Well #11	4/20/04	NR	55	NR	ANR	ANR
Well #11	4/22/04	NR	55	NR	ANR	ANR
Well #11	4/27/04	NR	55	141	ANR	ANR
Well #11	4/29/04	NR	55	147	ANR	ANR

ANR- Analysis Not Required
NR- Not Reported
Note: Field parameters are only conducted for facilities that are in operation on the day of measurement.