Environmental and Waste Management Services

120 E. Fifth Ave., Bldg. 860
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Upton, NY 11973-5000
Phone 631 344-4549
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BROOKHAVEN
NATIONAL LABORATORY

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

January 8, 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 December 2003

In accordance with the requirements of the BNL Potable Water System Sampling Plan and the 2003 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 December.

Attachment II: December 2003 Biweekly Quarter Water Quality Monitoring Data for the BNL Distribution System.

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.03

ATTACHMENT I

Brookhaven National Laboratory

Potable Water Supply

Monthly Operational Data and Bacteriological Analyses for December 2003

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: DEC 2003

LOCATION: **Water Treatment Facility**

Source: Ground Water

	CHLORINATION				pH	
	Treated	Liquid Sodium Hypochlorite		Free Cl2	__ Lime	Totalizer
Day of	Water	Gallons	Cl2 use	Residual	__ Sodium	Daily Totalizer
month	K Gals	105	per 24hrs	mg/l	Hydroxide	13054307
1	0	105	25	1.01	7.3	13054307
2	851	95	10	1	7.8	13055158
3	774	85	10	1.17	7.8	13055932
4	828	75	10	0.9	7.8	13056760
5	794	65+35	10	1.2	7.8	13057554
6	0					
7	0					
8	2,528	45	55	1.2	7.5	13060082
9	876	135+35	10	0.78	7.7	13060958
10	931	163	7	0.85	8	13061889
11	910	150	13	0.78	7.7	13062799
12	942	143	7	0.94	7.6	13063741
13	0					
14	0					
15	2,455	120	23	1.01	7.3	13066196
16	818	110	20	1.4	7.5	13067014
17	897	100	10	1.08	7.2	13067911
18	573	90+60	10	1.1	7.2	13068484
19	775	190	10	1.2	7.3	13069259
20	0					
21	0					
22	2,183	170	20	1.2	7.3	13071442
23	370	167	3	1	7.2	13071812
24	778	167+33	0	0.7	7.3	13072590
25	0					
26	1,581	189	11	0.95	7.4	13074171
27	0					
28	0					
29	2,330	173	16	0.62	7.3	13076501
30	766	167	6	0.7	7.4	13077267
31	780	157	140	0.7	7.7	13078047
TOT	23,740		426			
AVG.	765.81		13.74	No. Days:	31	

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

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

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: 1-6-04

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: DEC 2003

LOCATION: **WELL NO. 4**

Source: Ground Water

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

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	150	per 24hrs	mg/l	Hydroxide	1640605
1	0	123	27	0.14	6.1	1640605
2	353	114	9	0.05	6.1	1640958
3	331	108	6	0.35	6.1	1641289
4	290	99	9	0.7	6.1	1641579
5	466	90+60	9	0.4	6.1	1642045
6	0					
7	0					
8	1,077	120	30	0.21	6.2	1643122
9	341	112	9	0.2	6.1	1643463
10	164	108	4	0.2	6	1643627
11	14	106	2	0.021	6	1643641
12	320	99+51	7	0.07	6	1643961
13	0					
14	0					
15	1,019	123	27	0.18	6.1	1644980
16	318	117	6	0.03	6	1645298
17	420	107	10	0.25	6.1	1645718
18	175	102+48	5	0.03	6.1	1645893
19	417	142	8	0.25	6.1	1646310
20	0					
21	0					
22	85	136	6	0.31	6.2	1646395
23	20	133	3	0.15	6.6	1646415
24	387	123	10	0.06	6.2	1646802
25	0					
26	575	113+34	10	0.95	6.2	1647377
27	0					
28	0					
29	872	123	24	0.2	6.1	1648249
30	88	123	0	0.22	6.1	1648337
31	0	123	0	0.2	6.1	1648337
TOT	7,732		221			
AVG.	249.42		7.13	No. Days:	31	

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: Sal Rosa

Date: 1-6-04

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: DEC 2003

LOCATION: **WELL NO. 6**

Source: Ground Water

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

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	123	per 24hrs	mg/l	Hydroxide	414173
1	0	123	5	0.14	6.1	414173
2	129	120	3	0.05	6.1	414302
3	142	117	3	0.35	6.1	414444
4	130	114	3	0.7	6.1	414574
5	366	105+33	19	0.4	6.1	414940
6	0					
7	0					
8	563	129	9	0.21	6.2	415503
9	58	126	3	0.21	6.1	415561
10	181	123	3	0.2	6	415742
11	593	105	18	0.021	6	416335
12	173	99+15	6	0.07	6	416508
13	0					
14	0					
15	554	100	14	0.18	6.1	417062
16	188	97	3	0.03	6	417250
17	247	87	10	0.25	6.1	417497
18	38	85+65	2	0.03	6.1	417535
19	207	148	2	0.25	6.1.	417742
20	0					
21	0					
22	35	138	10	0.31	6.2	417777
23	23	133	5	0.15	6.6	417800
24	334	132		0.06	6.2	418134
25	0					
26	354	120	12	0.95	6.2	418488
27	0					
28	0					
29	299	114	6	0.2	6.1	418787
30	470	99	15	0.22	6.1	419257
31	501	93	6	0.2	6.1	419758
TOT	5,585		157			
AVG.	180.16		5.06	No. Days:	31	

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: S. Ross

Date: 1-6-04

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: DEC 2003

LOCATION: **WELL NO. 7**

Source: Ground Water

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

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	102	per 24hrs	mg/l	Hydroxide	1305935
1	0	102	48	0.14	6.1	1305935
2	955	87	15	0.05	6.1	1306890
3	806	78	9	0.35	6.1	1307696
4	1,012	63	15	0.7	6.1	1308708
5	928	48+102	25	0.4	6.1	1309636
6	0					
7	0					
8	2,902	99	51	0.21	6.2	1312538
9	1,083	84	15	0.2	6.1	1313621
10	1,020	69	15	0.2	6	1314641
11	1,044	54	15	0.021	6	1315685
12	1,084	35+115	19	0.07	6	1316769
13	0					
14	0					
15	2,722	105	45	0.18	6.1	1319491
16	834	97	8	0.03	6	1320325
17	928	78	19	0.25	6.1	1321253
18	705	68+82	10	0.03	6.1	1321958
19	781	140	10	0.25	6.1	1322739
20	0					
21	0					
22	3,563	78	62	0.31	6.2	1326302
23	485	72	5	0.15	6.6	1326787
24	717	57	15	0.06	6.2	1327504
25	0					
26	1,730	24+126	23	0.95	6.2	1329234
27	0					
28	0					
29	2,574	111	39	0.2	6.1	1331808
30	803	99	12	0.22	6.1	1332611
31	1,000	84	15	0.2	6.1	1333611
TOT	27,676		490			
AVG.	892.77		15.81	No. Days:	31	

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: 1-6-04

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: DEC 2003

LOCATION: **WELL NO. 10**

Source: Ground Water

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

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	38	per 24hrs	mg/l	Hydroxide	768856
1	0	38	0	NR	NR	768856
2	0	38	0	NR	NR	768856
3	0	38	0	NR	NR	768856
4	0	38	0	NR	NR	768856
5	0	38	0	NR	NR	768856
6	0					
7	0					
8	0	38	0	NR	NR	768856
9	0	38	0	NR	NR	768856
10	0	38	0	NR	NR	768856
11	0	38	0	NR	NR	768856
12	0	38	0	NR	NR	768856
13	0					
14	0					
15	0	38	0	NR	NR	768856
16	0	38	0	NR	NR	768856
17	0	38	0	NR	NR	768856
18	0	38	0	NR	NR	768856
19	0	38	0	NR	NR	768856
20	0					
21	0					
22	0	38	0	NR	NR	768856
23	0	38	0	NR	NR	768856
24	0	38	0	NR	NR	768856
25	0					
26	0	38	0	NR	NR	768856
27	0					
28	0					
29	0	38	0	NR	NR	768856
30	0	38	0	NR	NR	768856
31	0	38	0	NR	NR	768856
TOT	0		0			
AVG.	0.00		0.00	No. Days:	31	

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: Ed Rees

Date: 1-6-04

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: DEC 2003

LOCATION: **WELL NO. 11**

Source: Ground Water

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

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	81	per 24hrs	mg/l	Hydroxide	510899
1	0	81	0	NR	NR	510899
2	168	81	0	NR	NR	511067
3	15	81	0	NR	NR	511082
4	0	81	0	NR	NR	511082
5	0	81	0	NR	NR	511082
6	0					
7	0					
8	0	81	0	NR	NR	511082
9	0	81	0	NR	NR	511082
10	0	81	0	NR	NR	511082
11	0	81	0	NR	NR	511082
12	0	81	0	NR	NR	511082
13	0					
14	0					
15	0	81	0	NR	NR	511082
16	0	81	0	NR	NR	511082
17	0	81	0	NR	NR	511082
18	88	78	3	NR	NR	511170
19	0	78	0	NR	NR	511170
20	0					
21	0					
22	57	75	3	NR	NR	511227
23	0	75	0	NR	NR	511227
24	0	75	0	NR	NR	511227
25	0					
26	0	75	0	NR	NR	511227
27	0					
28	0					
29	0	75	0	NR	NR	511227
30	0	75	0	NR	NR	511227
31	0	75	0	NR	NR	511227
TOT	328		6			
AVG.	10.58		0.19	No. Days:	31	

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: 1-16-04

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: DEC 2003

LOCATION: **WELL NO. 12**

Source: Ground Water

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

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	66	per 24hrs	mg/l	Hydroxide	648377
1	0	66	0	NR	NR	648377
2	0	66	0	NR	NR	648377
3	4	66	0	NR	NR	648381
4	0	66	0	NR	NR	648381
5	0	66	0	NR	NR	648381
6	0					
7	0					
8	0	66	0	NR	NR	648381
9	0	66	0	NR	NR	648381
10	2	65	1	NR	NR	648383
11	18	65	0	NR	NR	648401
12	0	65	0	NR	NR	648401
13	0					
14	0					
15	3	65	0	NR	NR	648404
16	2	65	0	NR	NR	648406
17	0	65	0	NR	NR	648406
18	80	60	5	NR	NR	648486
19	9	60	0	NR	NR	648495
20	0					
21	0					
22	0	60+90	0	NR	NR	648495
23	573	133	17	0.69	8.1	649068
24	158	133	0	NR	NR	649226
25	0					
26	0	133	0	NR	NR	649226
27	0					
28	0					
29	0	133	0	NR	NR	649226
30	0	133	0	NR	NR	649226
31	50	133	0	NR	NR	649276
TOT	899		23			
AVG.	29.00		0.74	No. Days:	31	

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: J O Rose

Date: 1-6-04

Title: **Water Systems Supervisor**

Certification No. **NY0031941**

12/31/2003
Pump Data

MONTHLY GALLONAGE REPORT
DEC 2003.xls

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	0	0	0	0	0	0
2	353	129	955	0	168	0	1,605
3	331	142	806	0	15	4	1,298
4	290	130	1,012	0	0	0	1,432
5	466	366	928	0	0	0	1,760
6	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0
8	1,077	563	2,902	0	0	0	4,542
9	341	58	1,083	0	0	0	1,482
10	164	181	1,020	0	0	2	1,367
11	14	593	1,044	0	0	18	1,669
12	320	173	1,084	0	0	0	1,577
13	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0
15	1,019	554	2,722	0	0	3	4,298
16	318	188	834	0	0	2	1,342
17	420	247	928	0	0	0	1,595
18	175	38	705	0	88	80	1,086
19	417	207	781	0	0	9	1,414
20	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0
22	85	35	3,563	0	57	0	3,740
23	20	23	485	0	0	573	1,101
24	387	334	717	0	0	158	1,596
25	0	0	0	0	0	0	0
26	575	354	1,730	0	0	0	2,659
27	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0
29	872	299	2,574	0	0	0	3,745
30	88	470	803	0	0	0	1,361
31	0	501	1,000	0	0	50	1,551
Total	7,732	5,585	27,676	0	328	899	42,220

		Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
	Well 4	1,648,337	1,640,605	7,732
	Well 6	419,758	414,173	5,585
	Well 7	1,333,611	1,305,935	27,676
	Well 10	768,856	768,856	0
	Well 11	511,227	510,899	328
	Well 12	649,276	648,377	899
AGS Water Supply Meter		478,544	473,366	5178.00
Medical Reactor - Well 105				0.00
Biology Building - Well 9		6,791,890	6,790,390	1.50

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. : 0312188-001

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

Federal ID 5111891
Collected 12/4/2003 8:55:00 AM
Received 12/4/2003 3:35:00 PM
Collected By CLIENT
Copy : Original
CC

Point No 094-273
Location: B-49 Water Tower

Client ID. : 17805-001

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	12/05/2003 11:00 AM
E_Coliform	Absent		Absent	M9223	12/05/2003 11:00 AM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	12/04/2003

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

Joann M. Slavin

Laboratory Manager

Date Reported : 12/11/2003

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. : 0312188-002

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

Federal ID 5111891
Collected 12/4/2003 9:07:00 AM
Received 12/4/2003 3:35:00 PM
Collected By CLIENT
Copy : Original
CC

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

Client ID. : 17805-002

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	12/05/2003 11:00 AM
E_Coliform	Absent		Absent	M9223	12/05/2003 11:00 AM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	12/04/2003

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

Joann M. Slavin

Laboratory Manager

Date Reported : 12/11/2003

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. : 0312188-003

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

Federal ID 5111891
Collected 12/4/2003 9:30:00 AM Point No 045-12
Received 12/4/2003 3:35:00 PM Location: B-1005 RHIC
Collected By CLIENT

Client ID. : 17805-003

Copy : Original

CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	12/05/2003 11:00 AM
E_Coliform	Absent		Absent	M9223	12/05/2003 11:00 AM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	12/04/2003

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

Joann M. Slavin

Laboratory Manager

Date Reported : 12/11/2003

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. : 0312188-004

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

Federal ID 5111891
Collected 12/4/2003 8:40:00 AM Point No 109-19
Received 12/4/2003 3:35:00 PM Location: B-363 Apt.Laundry
Collected By CLIENT

Client ID. : 17805-004

Copy : Original

CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	12/05/2003 11:00 AM
E_Coliform	Absent		Absent	M9223	12/05/2003 11:00 AM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	12/04/2003

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

Joann M. Slavin

Laboratory Manager

Date Reported : 12/11/2003

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. : 0312188-005

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

Federal ID 5111891
Collected 12/4/2003 9:20:00 AM Point No 075-602
Received 12/4/2003 3:35:00 PM Location: B-725 NSLS
Collected By CLIENT
Copy : Original
CC

Client ID. : 17805-005

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	12/05/2003 11:00 AM
E_Coliform	Absent		Absent	M9223	12/05/2003 11:00 AM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	12/04/2003

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

Joann M. Slavin

Laboratory Manager

Date Reported : 12/11/2003

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. : 0312188-006

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

Federal ID 5111891
Collected 12/4/2003 9:45:00 AM Point No 084-69
Received 12/4/2003 3:35:00 PM Location: B-490 Block 1 ACF
Collected By CLIENT
Copy : Original
CC

Client ID. : 17805-006

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	12/05/2003 11:00 AM
E_Coliform	Absent		Absent	M9223	12/05/2003 11:00 AM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	12/04/2003

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

Joann M. Slavin

Laboratory Manager

Date Reported : 12/11/2003

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. : 0312188-007

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

Federal ID 5111891
Collected 12/4/2003 10:00:00 AM Point No 084-68
Received 12/4/2003 3:35:00 PM Location: B-490 Block 4 MRC
Collected By CLIENT

Client ID. : 17805-007

Copy : Original

CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	12/05/2003 11:00 AM
E_Coliform	Absent		Absent	M9223	12/05/2003 11:00 AM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	12/04/2003

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

Joann M. Slavin

Laboratory Manager

Date Reported : 12/11/2003

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. : 0312188-008

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

Federal ID 5111891
Collected 12/4/2003
Received 12/4/2003 3:35:00 PM
Collected By CLIENT
Copy : Original
CC

Client ID. : 17805-008
Point No 1
Location: Duplicate - Bldg. 640 Water Tower

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	12/05/2003 11:00 AM
E_Coliform	Absent		Absent	M9223	12/05/2003 11:00 AM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	12/04/2003

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

Joann M. Slavin

Laboratory Manager

Date Reported : 12/11/2003

ATTACHMENT II

Brookhaven National Laboratory

Potable Water Supply

December 2003 Biweekly Water Quality Monitoring Data for the

BNL Distribution System

Attachment II
Table 1 - Summary of Water Quality Analyses
for the BNL Potable Water System
December 2003

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	12/2/03	7.8	54	155	ANR	ANR
WTP	12/4/03	7.8	52	158	ANR	ANR
WTP	12/9/03	7.7	52	150	ANR	ANR
WTP	12/11/03	7.7	54	145	ANR	ANR
WTP	12/16/03	7.5	53	156	ANR	ANR
WTP	12/18/03	7.2	53	232	ANR	ANR
WTP	12/23/03	7.2	52	263	ANR	ANR
WTP	12/25/03	Holiday			ANR	ANR
WTP	12/30/03	7.4	58	179	ANR	ANR

ANR- Analysis Not Required
NR- Well Not Running
WTP- Water Treatment Plant
Note: Field parameters are only conducted for facilities that are in operation on the day of measurement.