Environmental and Waste Management Services

BROOKHAVEN
NATIONAL LABORATORY

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

March 7, 2003

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 February 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 and Bacteriological Reports for February.
Attachment II:	February 2003 Biweekly Water Quality Monitoring Data for the BNL Potable Water Wells and the BNL Distribution System.
Attachment III:	2002 Semi-Annual Cyanide Analyses for the BNL Potable Water Wells and 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.

NSF
REGISTERED TO
ISO 14001: 1996

The Quality Assurance documentation is available from the Environmental 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.

After reviewing the 2002 Potable Water data it was discovered that the analytical laboratory inadvertently left out the cyanide analyses when reporting inorganic data for the July sampling of the BNL potable wells and BNL distribution system. Therefore the cyanide results are attached.

Should there be any questions regarding this report or the analytical or operational data contained herein, please call either R. Lee at (631) 344-3148, M. Allocco at (631) 344-3166, 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
	W. Chaloupka	w/attachments
	J. Granzen	w/attachments
	R. Lee	w/attachments
	E. Murphy	w/attachments
	P. Ponturo, SCDHS	w/o attachments
	L. Ross	w/o attachments
	T. Sheridan	w/o attachments

File: EC61ER.03

ATTACHMENT I

Brookhaven National Laboratory
Potable Water Supply

Monthly Operational and Bacteriological Reports for February 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: FEBUARY 2003

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	200	per 24hrs	mg/l	Hydroxide	12772755
1	0					
2	0					
3	3,171	170	30	1.1	7.4	12775926
4	1,078	160	10	1.2	7.5	12777004
5	1,059	150+50	10	1	7.4	12778063
6	1,070	190	10	1.1	7.6	12779133
7	1,098	180	10	1.2	7.4	12780231
8	0					
9	0					
10	3,201	145	35	0.79	7.6	12783432
11	1,070	138	7	0.97	7.4	12784502
12	1,097	128	10	1	7.5	12785599
13	941	120	8	0.86	7.6	12786540
14	1,079	110	10	0.8	7.7	12787619
15	0					
16	1,951	98	12	1	7.5	12789570
17	0					
18	0					
19	2,440	65	33	0.61	7.8	12792010
20	451	60+140	5	0.45	7.9	12792461
21	582	200	0	0.9	7.8	12793043
22	0					
23	0					
24	1,585	183	17	0.71	7.6	12794628
25	1,016	173	10	1	7.4	12795644
26	995	166+46	7	0.99	7.4	12796639
27	860	192	7	1.1	7.7	12797499
28	890	189	3	0.91	7.4	12798389
29	0					
30	0					
31	0					
TOT	25,634		234			
AVG	915.50		8.36	No. Days:	28	

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 a Flow

Date: 3-4-03

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: 02/03 ~~2003~~

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 ✓

Day of month	CHLORINATION Treated Water K Gals	Liquid Sodium Hypochlorite Gallons 141	Cl2 use per 24hrs	Free Cl2 Residual mg/l	pH Lime Sodium Hydroxide	Totalizer Daily Totalizer 1529130
1	0					
2	0					
3	1,656	108	33	0.63	6.2	1530786
4	517	96	12	0.32	6.1	1531303
5	531	87+63	9	0.68	6.1	1531834
6	566	138	12	0.72	6.1	1532400
7	553	126	12	0.61	6.1	1532953
8	0					
9	0					
10	1,548	96	30	0.79	6.1	1534501
11	503	84+48	12	0.46	6.1	1535004
12	574	126	6	0.9	6.1	1535578
13	408	117	9	0.8	6.1	1535986
14	534	105+45	12	0.53	6.1	1536520
15	0					
16	905	126	24	0.42	5.9	1537425
17	0					
18	0					
19	768	NR	NR	0.41	6.2	1538193
20	0	111	15	0.03	6.1	1538193
21	200	105+45	6	0.6	6	1538393
22	0					
23	0					
24	147	141	9	0.32	6.2	1538540
25	368	129	12	0.33	6.2	1538908
26	529	126	3	0.4	6.2	1539437
27	320	120	6	0.92	6.2	1539757
28	458	111	9	0.66	6.1	1540215
29	0					
30	0					
31	0					
TOT	11,085		231			
AVG	395.89		8.25	No. Days:	28	

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: J C Rae

Date: 3-4-03

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: 02/03 ~~2002~~

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	
Day of month	Treated Water K Gals	Liquid Sodium Hypochlorite Gallons 150	Cl2 use per 24hrs	Free Cl2 Residual mg/l	__ Lime __ Sodium Hydroxide	Totalizer Daily Totalizer 365831
1	0					
2	0					
3	540	132	18	0.63	6.2	366371
4	41	129	3	0.32	6.1	366412
5	144	123	6	0.68	6.1	366556
6	97	123	12	0.72	6.1	366653
7	144	117	6	0.61	6.1	366797
8	0					
9	0					
10	469	108	9	0.79	6.1	367266
11	30	105	3	0.46	6.1	367296
12	154	102	3	0.9	6.1	367450
13	0	102	0	0.8	6.1	367450
14	0	102+48	0	0.53	6.1	367450
15	0					
16	198	138	12	0.42	5.9	367648
17	0					
18	0					
19	203	NR	NR	0.41	6.2	367851
20	0	129	9	0.03	6.1	367851
21	37	129+21	0	0.6	6	367888
22	0					
23	0					
24	71	144	6	0.32	6.2	367959
25	0	138	6	0.33	6.2	367959
26	297	135	3	0.4	6.2	368256
27	132	132	3	0.92	6.2	368388
28	211	129	3	0.66	6.1	368599
29	0					
30	0					
31	0					
TOT	2,768		102			
AVG.	98.86		3.64	No. Days:	28	

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: JC Ross

Date: 3-4-03

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: 02/03 ~~2001~~

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	135	per 24hrs	mg/l	Hydroxide	995096
1	0					
2	0					
3	3.464	75	60	0.63	6.2	998560
4	1.173	60+90	15	0.32	6.1	999733
5	1.106	130	20	0.68	6.1	1000839
6	1.174	111	19	0.72	6.1	1002013
7	1.124	90+60	21	0.61	6.1	1003137
8	0					
9	0					
10	3.515	84	66	0.79	6.1	1006652
11	1.232	63+87	21	0.46	6.1	1007884
12	1.156	129	21	0.9	6.1	1009040
13	1.112	108	21	0.8	6.1	1010152
14	1.303	87+63	11	0.53	6.1	1011455
15	0					
16	2.276	108	42	0.42	5.9	1013731
17	0					
18	0					
19	2.798	NR	NR	0.41	6.2	1016529
20	686	96	12	0.03	6.1	1017215
21	614	90+60	6	0.6	6	1017829
22	0					
23	0					
24	2.145	105	45	0.32	6.2	1019974
25	1.218	81	24	0.33	6.2	1021192
26	1.093	69+81	12	0.4	6.2	1022285
27	967	135	15	0.92	6.2	1023252
28	911	120	15	0.66	6.1	1024163
29	0					
30	0					
31	0					
TOT	29.067		446			
AVG.	1035.11		15.93	No. Days:	28	

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: 3-4-03

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: 02/03 ~~2001~~

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	99	per 24hrs	mg/l	Hydroxide	764819
1	0					
2	0					
3	0	99	0	NR	NR	764819
4	0	99	0	NR	NR	764819
5	0	45	0	NR	NR	764819
6	0	45	0	NR	NR	764819
7	0	45	0	NR	NR	764819
8	0					
9	0					
10	0	45	0	NR	NR	764819
11	0	45	0	NR	NR	764819
12	0	45	0	NR	NR	764819
13	0	45	0	NR	NR	764819
14	0	45	0	NR	NR	764819
15	0					
16	0	45	0	NR	NR	764819
17	0					
18	0					
19	0	45	0	NR	NR	764819
20	0	45	0	NR	NR	764819
21	0	45	0	NR	NR	764819
22	0					
23	0					
24	0	45	0	NR	NR	764819
25	0	45	0	NR	NR	764819
26	0	45	0	NR	NR	764819
27	0	45	0	NR	NR	764819
28	0	45	0	NR	NR	764819
29	0					
30	0					
31	0					
TOT	0		0			
AVG	0.00		0.00	No. Days:	28	

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: 3-4-03

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: 02/03 ~~2001~~

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	129	per 24hrs	mg/l	Hydroxide	466764
1	0					
2	0					
3	436	126	3	0.26	7	467200
4	12	123	3	0.52	7.2	467212
5	34	123	0	0.36	7.2	467246
6	9	123	0	0.31	7.2	467255
7	11	123	0	0.32	7.2	467266
8	0					
9	0					
10	174	120	3	0.58	7	467440
11	68	117	3	0.58	7	467508
12	252	111	6	1.5	7.1	467760
13	301	102	9	1	6.7	468061
14	2	102	0	NR	NR	468063
15	0					
16	1,126	102	0	NR	NR	469189
17	0					
18	0					
19	2,863	NR	NR	NR	NR	472052
20	688	87	15	0.54	6.8	472740
21	594	72+78	15	0.42	5.7	473334
22	0					
23	0					
24	2,439	117	33	NR	NR	475773
25	24	117	0	0.75	7.3	475797
26	305	114+36	3	NR	NR	476102
27	717	150	0	0.5	6.6	476819
28	652	150	0	0.58	6.7	476167
29	0					
30	0					
31	0					
TOT	9,403		93			
AVG	335.82		3.32	No. Days:	28	

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 3-4-03

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: 02/03 ~~2001~~

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	81	per 24hrs	mg/l	Hydroxide	605236
1	0					
2	0					
3	0	81	0	NR	NR	605236
4	0	81	0	NR	NR	605236
5	7	45	36	0.3	7.3	605243
6	268	42	3	0.28	7.3	605511
7	1	42+48	0	0.65	7.2	605512
8	0					
9	0					
10	150	90	0	0.67	7.1	605662
11	103	90	0	0.57	7.1	605765
12	2	90	0	1	6.4	605767
13	0	90	0	0.8	6.7	605767
14	1	90	0	NR	NR	605768
15	0					
16	0	90	0	NR	NR	605768
17	0					
18	0					
19	668	NR	NR	NR	NR	606436
20	687	90	0	NR	NR	607123
21	32	90+15	0	5.9	0.51	607155
22	0					
23	0					
24	0	105	0	NR	NR	607155
25	315	105	0	0.4	7.5	607470
26	269	105	3	NR	NR	607739
27	104	105	0	0.79	6.6	607843
28	47	105	0	0.75	6.8	607890
29	0					
30	0					
31	0					
TOT	2,654		42			
AVG.	94.79		1.50	No. Days:	28	

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: 3-4-03

Title: **Water Systems Supervisor**

Certification No. **NY0031941**

3/3/03
Pump Data

MONTHLY GALLONAGE REPORT
~~FEBUARY 2003.xls~~

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0
3	1,656	540	3,464	0	436	0	6,096
4	517	41	1,173	0	12	0	1,743
5	531	144	1,106	0	34	7	1,822
6	566	97	1,174	0	9	268	2,114
7	553	144	1,124	0	11	1	1,833
8	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0
10	1,548	469	3,515	0	174	150	5,856
11	503	30	1,232	0	68	103	1,936
12	574	154	1,156	0	252	2	2,138
13	408	0	1,112	0	301	0	1,821
14	534	0	1,303	0	2	1	1,840
15	0	0	0	0	0	0	0
16	905	198	2,276	0	1,126	0	4,505
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	768	203	2,798	0	2,863	668	7,300
20	0	0	686	0	688	687	2,061
21	200	37	614	0	594	32	1,477
22	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0
24	147	71	2,145	0	2,439	0	4,802
25	368	0	1,218	0	24	315	1,925
26	529	297	1,093	0	305	269	2,493
27	320	132	967	0	717	104	2,240
28	458	211	911	0	652	47	975
29	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0
Total	11,085	2,768	29,067	0	9,403	2,654	54,977

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	1,540,215	1,529,130	11,085
Well 6	368,599	365,831	2,768
Well 7	1,024,163	995,096	29,067
Well 10	764,819	764,819	0
Well 11	476,819	466,764	10,055
Well 12	607,890	605,236	2,654
AGS Water Supply Meter	429,364	421,555	7809.00
Medical Reactor - Well 105	0	0	0.00
Biology Building - Well 9	6,735,900	6,721,900	14.00

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 : Bob Lee

Lab No. : 0302176-001A

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

Federal ID 5111891
Collected : 2/6/03 10:45:00 AM
Received : 2/6/03 2:50:00 PM
Collected By : CLIENT
Copies To : Tony Ross

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

Client ID. : 16023-001

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	2/6/03

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

Date Reported : 2/10/03

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 : Bob Lee

Lab No. : 0302176-002A

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

Federal ID 5111891
Collected : 2/6/03 10:30:00 AM
Received : 2/6/03 2:50:00 PM
Collected By : CLIENT
Copies To : Tony Ross

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

Client ID. : 16023-002

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	2/6/03

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

Date Reported : 2/10/03

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 : Bob Lee

Lab No. : 0302176-003A

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

Federal ID 5111891
Collected : 2/6/03 9:30:00 AM
Received : 2/6/03 2:50:00 PM
Collected By : CLIENT
Copies To : Tony Ross

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

Client ID. : 16023-003

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	0.3	mg/L		M4500-Cl G	2/6/03

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

Date Reported : 2/10/03

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 : Bob Lee

Lab No. : 0302176-004A

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

Federal ID 5111891
Collected : 2/6/03 9:15:00 AM
Received : 2/6/03 2:50:00 PM
Collected By : CLIENT
Copies To : Tony Ross

Client ID. : 16023-004
Point No : 109-19
Location : B-363 Apt.Laundry

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	2/6/03

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

Date Reported : 2/10/03

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 : Bob Lee

Lab No. : 0302176-005A

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

Federal ID 5111891
Collected : 2/6/03 10:15:00 AM
Received : 2/6/03 2:50:00 PM
Collected By : CLIENT
Copies To : Tony Ross

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

Client ID. : 16023-005

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	2/6/03

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

Date Reported : 2/10/03

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 : Bob Lee

Lab No. : 0302176-006A

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

Federal ID 5111891
Collected : 2/6/03 11:00:00 AM
Received : 2/6/03 2:50:00 PM
Collected By : CLIENT
Copies To : Tony Ross

Point No : 084-69
Location : B-490 Block 1 Afc

Client ID. : 16023-006

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	2/6/03

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

Date Reported : 2/10/03

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 : Bob Lee

Lab No. : 0302176-007A

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

Federal ID 5111891
Client ID. : 16023-007
Collected : 2/6/03 11:05:00 AM
Point No : 084-68
Received : 2/6/03 2:50:00 PM
Location : B-490 Block 4 Mrc
Collected By : CLIENT
Copies To : Tony Ross

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	1.1	mg/L		M4500-Cl G	2/6/03

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

Date Reported : 2/10/03

Joann M. Slavin
Laboratory Manager

ATTACHMENT II

Brookhaven National Laboratory
Potable Water Supply

February 2003 Biweekly Water Quality Monitoring Data for the BNL Potable Water Wells

and the BNL Distribution System

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

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	2/4/03	7.5	53	236	NR	NR
WTP	2/6/03	7.6	52	154	NR	NR
WTP	2/11/03	7.4	52	219	NR	NR
WTP	2/13/03	7.6	53	154	NR	NR
WTP	2/18/03	NR	NR	NR	NR	NR
WTP	2/20/03	7.9	52	170	NR	NR
WTP	2/25/03	7.4	53	195	NR	NR
WTP	2/27/03	7.7	51	212	NR	NR
Well 11	2/4/03	7.2	55	187	NR	NR
Well 11	2/6/03	7.2	55	189	NR	NR
Well 11	2/11/03	7.0	55	197	NR	NR
Well 11	2/13/03	7.2	55	167	NR	NR
Well 11	2/18/03	NR	NR	NR	NR	NR
Well 11	2/20/03	6.8	55	185	NR	NR
Well 11	2/25/03	7.3	55	180	NR	NR
Well 11	2/27/03	6.6	55	205	NR	NR
Well 12	2/4/03	NR	NR	NR	NR	NR
Well 12	2/6/03	7.3	55	202	NR	NR
Well 12	2/11/03	7.1	55	230	NR	NR
Well 12	2/13/03	7.2	55	173	NR	NR
Well 12	2/18/03	NR	NR	NR	NR	NR
Well 12	2/20/03	NR	NR	NR	NR	NR
Well 12	2/25/03	7.5	55	220	NR	NR
Well 12	2/27/03	6.6	55	190	NR	NR

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

ATTACHMENT III

Brookhaven National Laboratory
Potable Water Supply

2002 Semi-Annual Cyanide Analyses for the BNL Potable Water Wells and the BNL Distribution System.

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. : 0207356-008B

Sample Information...
Type : Potable Water
Origin : Raw Well
Routine

Federal ID 5111891
Collected : 7/11/02 10:22:00 AM
Received : 7/11/02 3:15:00 PM
Collected By : SB99
Copies To : Tony Ross

Point No : 9
Location : Well #6 Raw

Client ID. : 14848-009

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Cyanide	< 10	µg/L	200	M4500-CN CE	7/18/02 7:20:00 PM

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

Date Reported : 8/12/02

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. : 0207356-009B

Sample Information...
Type : Potable Water
Origin : Raw Well
Routine

Federal ID 5111891
Collected : 7/11/02 9:16:00 AM
Received : 7/11/02 3:15:00 PM
Collected By : SB99
Copies To : Tony Ross

Point No : 10
Location : Well #7 Raw

Client ID. : 14848-010

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Cyanide	< 10	µg/L	200	M4500-CN CE	7/18/02 7:23:00 PM

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

Date Reported : 8/12/02

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. : 0207356-010B

Sample Information...
Type : Potable Water
Origin : Raw Well
Routine

Federal ID 5111891
Collected : 7/11/02 10:40:00 AM
Received : 7/11/02 3:15:00 PM
Collected By : SB99
Copies To : Tony Ross

Point No : 12
Location : Well #11 Raw

Client ID. : 14848-012

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Cyanide	< 10	µg/L	200	M4500-CN CE	7/18/02 7:24:00 PM

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

Date Reported : 8/12/02

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. : 0207356-011B

Sample Information...
Type : Potable Water
Origin : Raw Well
Routine

Federal ID 5111891
Client ID. : 14848-013
Collected : 7/11/02 10:30:00 AM
Point No : 13
Received : 7/11/02 3:15:00 PM
Location : Well #12 Raw
Collected By : SB99
Copies To : Tony Ross

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Cyanide	< 10	µg/L	200	M4500-CN CE	7/18/02 7:25:00 PM

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

Date Reported : 8/12/02

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. : 0207356-016A

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

Federal ID 5111891
Collected : 7/11/02 11:30:00 AM
Received : 7/11/02 3:15:00 PM
Collected By : SB99
Copies To : Tony Ross

Point No : 18
Location : B-185 Men'S Room

Client ID. : 14848-019

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Cyanide	< 10	µg/L	200	M4500-CN CE	7/18/02 7:26:00 PM

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

Date Reported : 8/12/02

Joann M. Slavin

Laboratory Manager