Environmental and Waste Management Services

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Upton, NY 11973-5000
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BROOKHAVEN
NATIONAL LABORATORY

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

February 4, 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 January 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 January.

Attachment II: January 2004 Biweekly 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
ANSI-RAB
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 January 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: JANUARY 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	157	per 24hrs	mg/l	Hydroxide	13078047
1	0					
2	1,586	132	25	0.82	7.6	13079633
3	0					
4	0					
5	2,695	90	42	0.87	7.6	13082328
6	879	80	10	0.64	7.4	13083207
7	969	70	10	0.55	7.6	13084176
8	850	46	24	1	7.7	13085026
9	696	30+170	16	0.74	7.6	13085722
10	0					
11	0					
12	2,430	177	23	0.79	7.4	13088152
13	852	150	12	0.72	7.4	13089004
14	844	140	10	0.82	7.5	13089848
15	829	127	13	0.69	7.4	13090677
16	790	112+88	15	0.75	7.3	13091467
17	0					
18	0					
19	2,254	180	20	0.31	7.3	13093721
20	823	170	10	0.78	7.3	13094544
21	835	160	10	0.64	7.3	13095379
22	755	150	10	0.75	7.3	13096134
23	847	140	10	0.59	7.3	13096981
24	0					
25	0					
26	2,164	120	20	0.5	7.3	13099145
27	884	115	5	0.46	7.3	13100029
28	934	100	15	0.8	7.6	13100963
29	787	90	10	1	7.6	13101750
30	792	80	10	0.95	7.4	13102542
31	0					
TOT	24,495		320			
AVG.	790.16		10.32	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: 2-3-04

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: JANUARY 2004

LOCATION: **WELL NO. 4**

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	123	per 24hrs	mg/l	Hydroxide	1648337
1	0					
2	0	123	0	0.27	6.2	1648337
3	0					
4	0					
5	0	123	0	NR	NR	1648337
6	0	123	0	NR	NR	1648337
7	0	123	0	NR	NR	1648337
8	0	123	0	NR	NR	1648337
9	0	123	0	NR	NR	1648337
10	0					
11	0					
12	0	123	0	NR	NR	1648337
13	0	123	0	NR	NR	1648337
14	0	123	0	NR	NR	1648337
15	0	123	0	NR	NR	1648337
16	0	123	0	NR	NR	1648337
17	0					
18	0					
19	0	123	0	NR	NR	1648337
20	0	123	0	NR	NR	1648337
21	0	123	0	NR	NR	1648337
22	0	123	0	NR	NR	1648337
23	0	123	0	NR	NR	1648337
24	0					
25	0					
26	0	123	0	NR	NR	1648337
27	0	123	0	NR	NR	1648337
28	0	123	0	NR	NR	1648337
29	0	123	0	NR	NR	1648337
30	0	123	0	NR	NR	1648337
31	0					
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: [signature]

Date: 2-3-04

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: JANUARY 2004

LOCATION: **WELL NO. 6**

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	93	per 24hrs	mg/l	Hydroxide	419758
1	0					
2	770	69+81	24	0.27	6.2	420528
3	0					
4	0					
5	1,231	111	39	0.35	6	421759
6	465	96	15	0.19	6.1	422224
7	482	84	12	0.18	6	422706
8	264	78	6	0.38	6	422970
9	332	69+32	9	0.24	6	423302
10	0					
11	0					
12	1,219	81	20	0.1	6.1	424521
13	403	75	6	0.2	6.1	424924
14	255	69	6	0.23	6.1	425179
15	390	57	12	0.15	6,1	425569
16	514	43+77	14	0.05	6	426083
17	0					
18	0					
19	1,025	84	36	0.31	6	427108
20	394	72	12	0.24	6.3	427502
21	459	57	15	0.44	6.1	427961
22	429	48	9	0.75	6.1	428390
23	388	40+80	8	0.43	6.1	428778
24	0					
25	0					
26	1,322	87	33	0.48	6.1	430100
27	480	72	15	0.4	6.1	430580
28	497	65	7	0.44	6.1	431077
29	384	51	14	0.34	6.1	431461
30	257	36	15	0.43	6.1	431718
31	0					
TOT	11,960		327			
AVG.	385.81		10.55	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: 2-3-04

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: JANUARY 2004

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	84	per 24hrs	mg/l	Hydroxide	1333611
1	0					
2	1,951	54+96	30	0.27	6.2	1335562
3	0					
4	0					
5	3,213	96	54	0.35	6	1338775
6	1,048	81	15	0.19	6.1	1339823
7	1,151	66	15	0.18	6	1340974
8	1,169	48	18	0.35	6.1	1342143
9	874	33+112	15	0.24	6	1343017
10	0					
11	0					
12	2,740	112	33	0.1	6.1	1345757
13	1,020	100	12	0.2	6.1	1346777
14	1,003	80	20	0.23	6.1	1347780
15	986	63	17	0.15	6.1	1348766
16	980	54+96	9	0.05	6	1349746
17	0					
18	0					
19	2,686	105	45	0.31	6	1352432
20	885	90	15	0.24	6.3	1353317
21	1,028	78	12	0.44	6.1	1354345
22	862	66	12	0.37	6.1	1355207
23	946	48+102	18	0.43	6.1	1356153
24	0					
25	0					
26	2,446	114	36	0.48	6.1	1358599
27	1,003	96	18	0.4	6.1	1359602
28	1,082	78	18	0.44	6.1	1360684
29	975	66	12	0.34	6.1	1361659
30	936	51	15	0.43	6.1	1362595
31	0					
TOT	28,984		439			
AVG.	934.97		14.16	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: 2-3-04

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: JANUARY 2004

LOCATION: **WELL NO. 10**

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	38	per 24hrs	mg/l	Hydroxide	768856
1	0					
2	0	38	0	NR	NR	768856
3	0					
4	0					
5	0	38	0	NR	NR	768856
6	0	38	0	NR	NR	768856
7	0	38	0	NR	NR	768856
8	0	38	0	NR	NR	768856
9	220	38	0	NR	NR	769076
10	0					
11	0					
12	0	38	0	NR	NR	769076
13	0	38	0	NR	NR	769076
14	0	38	0	NR	NR	769076
15	0	38	0	NR	NR	769076
16	0	38	0	NR	NR	769076
17	0					
18	0					
19	0	38	0	NR	NR	769076
20	0	38	0	NR	NR	769076
21	0	38	0	NR	NR	769076
22	0	38	0	NR	NR	769076
23	0	38	0	NR	NR	769076
24	0					
25	0					
26	0	38	0	NR	NR	769076
27	0	38	0	NR	NR	769076
28	0	38	0	NR	NR	769076
29	0	38	0	NR	NR	769076
30	0	38	0	NR	NR	769076
31	0					
TOT	220		0			
AVG.	7.10		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.

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Reported by: [signature]

Date: 2-3-04

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: JANUARY 2004

LOCATION: **WELL NO. 11**

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	72	per 24hrs	mg/l	Hydroxide	511227
1	0					
2	0	72	0	NR	NR	511227
3	0					
4	0					
5	0	72	0	NR	NR	511227
6	0	72	0	NR	NR	511227
7	0	72	0	NR	NR	511227
8	0	72	0	NR	NR	511227
9	0	72	0	NR	NR	511227
10	0					
11	0					
12	0	72	0	NR	NR	511227
13	0	72	0	NR	NR	511227
14	0	72	0	NR	NR	511227
15	0	72	0	NR	NR	511227
16	0	72	0	NR	NR	511227
17	0					
18	0					
19	0	72	0	NR	NR	511227
20	0	72	0	NR	NR	511227
21	0	72	0	NR	NR	511227
22	0	72	0	NR	NR	511227
23	0	72	0	NR	NR	511227
24	0					
25	0					
26	0	72	0	NR	NR	511227
27	0	72	0	NR	NR	511227
28	0	72	0	NR	NR	511227
29	0	72	0	NR	NR	511227
30	0	72	0	NR	NR	511227
31	0					
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.

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Reported by: [signature]

Date: 2-3-04

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: JANUARY 2004

LOCATION: **WELL NO. 12**

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	132	per 24hrs	mg/l	Hydroxide	649276
1	0					
2	0	132	0	NR	NR	649276
3	0					
4	0					
5	0	132	0	NR	NR	649276
6	0	132	0	NR	NR	649276
7	0	132	0	NR	NR	649276
8	0	132	0	NR	NR	649276
9	86	132	0	NR	NR	649362
10	0					
11	0					
12	0	132	0	NR	NR	649362
13	1	132	0	NR	NR	649363
14	0	132	0	NR	NR	649363
15	0	132	0	NR	NR	649363
16	16	132	0	NR	NR	649379
17	0					
18	0					
19	136	132	0	NR	NR	649515
20	0	132	0	NR	NR	649515
21	0	132	0	NR	NR	649515
22	77	129	3	NR	NR	649592
23	0	129	0	NR	NR	649592
24	0					
25	0					
26	110	129	0	NR	NR	649702
27	0	129	0	NR	NR	649702
28	1	129	0	NR	NR	649703
29	0	129	0	NR	NR	649703
30	67	123	3	NR	NR	649770
31	0					
TOT	494		6			
AVG.	15.94		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.

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

Reported by: [signature]

Date: 2-3-04

Title: **Water Systems Supervisor**

Certification No. **NY0031941**

1/30/2004
Pump Data

MONTHLY GALLONAGE REPORT
JANUARY 2004.xls

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	0	0	0	0	0	0
2	0	770	1,951	0	0	0	2,721
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	0	1,231	3,213	0	0	0	4,444
6	0	465	1,048	0	0	0	1,513
7	0	482	1,151	0	0	0	1,633
8	0	264	1,169	0	0	0	1,433
9	0	332	874	220	0	86	1,512
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	0	1,219	2,740	0	0	0	3,959
13	0	403	1,020	0	0	1	1,424
14	0	255	1,003	0	0	0	1,258
15	0	390	986	0	0	0	1,376
16	0	514	980	0	0	16	1,510
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	0	1,025	2,686	0	0	136	3,847
20	0	394	885	0	0	0	1,279
21	0	459	1,028	0	0	0	1,487
22	0	429	862	0	0	77	1,368
23	0	388	946	0	0	0	1,334
24	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0
26	0	1,322	2,446	0	0	110	3,878
27	0	480	1,003	0	0	0	1,483
28	0	497	1,082	0	0	1	1,580
29	0	384	975	0	0	0	1,359
30	0	257	936	0	0	67	1,260
31	0	0	0	0	0	0	0
Total	0	11,960	28,984	220	0	494	41,658

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	1,648,337	1,648,337	0
Well 6	431,718	419,758	11,960
Well 7	1,362,595	1,333,611	28,984
Well 10	769,076	768,856	220
Well 11	511,227	511,227	0
Well 12	649,770	649,276	494
AGS Water Supply Meter	483,411	478,544	4867.00
Medical Reactor - Well 105			0.00
Biology Building - Well 9	6,792,340	6,791,890	0.45

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. : 0401173-001

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

Federal ID 5111891
Collected 1/8/2004 9:10:00 AM
Received 1/8/2004 3:40:00 PM
Collected By CLIENT
Copy : Original
CC

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

Client ID. : 17806-001

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	01/09/2004 12:00 PM
E_Coliform	Absent		Absent	M9223	01/09/2004 12:00 PM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	01/08/2004

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 : 1/20/2004

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. : 0401173-002

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

Federal ID 5111891
Client ID. : 17806-002
Collected 1/8/2004 9:15:00 AM Point No 076-408
Received 1/8/2004 3:40:00 PM Location: B-640 Water Tower
Collected By CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	01/09/2004 12:00 PM
E_Coliform	Absent		Absent	M9223	01/09/2004 12:00 PM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	01/08/2004

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 : 1/20/2004

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. : 0401173-003

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

Federal ID 5111891
Collected 1/8/2004 9:05:00 AM
Received 1/8/2004 3:40:00 PM
Collected By CLIENT

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

Client ID. : 17806-003

Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	01/09/2004 12:00 PM
E_Coliform	Absent		Absent	M9223	01/09/2004 12:00 PM
Total Residual Chlorine	0.4	mg/L		M4500-Cl G	01/08/2004

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 : 1/20/2004

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. : 0401173-004

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

Federal ID 5111891
Collected 1/8/2004 9:18:00 AM Point No 045-12
Received 1/8/2004 3:40:00 PM Location: B-1005 RHIC
Collected By CLIENT
Copy : Original
CC

Client ID. : 17806-004

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	01/09/2004 12:00 PM
E_Coliform	Absent		Absent	M9223	01/09/2004 12:00 PM
Total Residual Chlorine	0.4	mg/L		M4500-Cl G	01/08/2004

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 : 1/20/2004

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. : 0401173-005

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

Federal ID 5111891
Collected 1/8/2004 9:25:00 AM Point No 054-187
Received 1/8/2004 3:40:00 PM Location: B-930 LINAC
Collected By CLIENT

Client ID. : 17806-005

Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	01/09/2004 12:00 PM
E_Coliform	Absent		Absent	M9223	01/09/2004 12:00 PM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	01/08/2004

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 : 1/20/2004

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. : 0401173-006

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

Federal ID 5111891
Client ID. : 17806-006
Collected 1/8/2004 9:35:00 AM Point No 084-70
Received 1/8/2004 3:40:00 PM Location: B-490 Outpatient Clinic
Collected By CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	01/09/2004 12:00 PM
E_Coliform	Absent		Absent	M9223	01/09/2004 12:00 PM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	01/08/2004

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 : 1/20/2004

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. : 0401173-007

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

Federal ID 5111891
Collected 1/8/2004 9:40:00 AM
Received 1/8/2004 3:40:00 PM
Collected By CLIENT
Copy : Original
CC

Point No 084-67
Location: B-490 Block 11

Client ID. : 17806-007

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	01/09/2004 12:00 PM
E_Coliform	Absent		Absent	M9223	01/09/2004 12:00 PM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	01/08/2004

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 : 1/20/2004

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. : 0401173-017

Sample Information...
Type : Potable Water
Origin: Treated Well

Federal ID 5111891
Collected 1/8/2004 9:10:00 AM
Received 1/8/2004 3:40:00 PM
Collected By CLIENT
Copy : Original
CC

Client ID. : 17806-023
Point No 094-273
Location: B-49 Water Tower -- Duplicate

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	01/09/2004 12:00 PM
E_Coliform	Absent		Absent	M9223	01/09/2004 12:00 PM

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 : 1/20/2004

ATTACHMENT II

Brookhaven National Laboratory

Potable Water Supply

January 2004 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
January 2004

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	1/1/04	Holiday			ANR	ANR
WTP	1/6/04	7.4	55	189	ANR	ANR
WTP	1/8/04	7.7	54	148	ANR	ANR
WTP	1/13/04	7.4	56	180	ANR	ANR
WTP	1/15/04	7.4	54	153	ANR	ANR
WTP	1/20/04	7.3	52	187	ANR	ANR
WTP	1/22/04	7.3	54	206	ANR	ANR
WTP	1/27/04	7.3	52	217	ANR	ANR
WTP	1/29/04	7.6	52	150	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.