Environmental and Waste Management Services

BROOKHAVEN
NATIONAL LABORATORY

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

August 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 July 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 July.
Attachment II:	July 2004 Biweekly and Second Quarter Water Quality Monitoring Data for the BNL Distribution System and Potable Water Wells.
Attachment III:	July 2004 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data for the BNL Distribution System.
Attachment IV:	2004 First and Second Quarter Radiological Analyses for the BNL Potable Water Wells.
Attachment V:	2004 Second and Third Quarter Bacteriological Analyses for the BNL Potable Water Wells and GAC/Air Stripper Treatment Systems.
Attachment VI:	2004 Second Quarter Principal Organic Compound Analyses for the BNL Potable Water Distribution System and Potable Water Wells.
Attachment VII:	2004 Annual Asbestos Analysis for the BNL Potable Water Distribution System.
Attachment VIII:	2004 Annual Synthetic Organic Chemical and Pesticides Analyses for the BNL Potable Water Wells.

NSF
REGISTERED TO
ISO 14001: 1996

Attachment IX: 2004 Semi-Annual Inorganic and Nitrate/Nitrite Analyses for the BNL Potable Wells.

A positive bacteriological sample result was received for the Bldg. 648 sampling conducted on July 9, 2004. Resampling of this location, an upstream location (WTP Influent), a down stream location (WTP Effluent), and a distribution sample (Bldg. 363) was conducted on July 12, 2004. There were no positive bacteriological results for any of these samples. All other 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.

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 July 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: JULY 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	53	per 24hrs	mg/l	Hydroxide	13163967
1	881	40+160	13	0.9	7.5	13164848
2	1,098	180	20	1.1	7.6	13165946
3	0					
4	0					
5	2,214	156	24	0.71	7.2	13168160
6	0					
7	1,567	135	21	0.81	7.1	13169727
8	1,045	120	15	0.7	7.6	13170772
9	1,000	110	10	0.75	7.4	13171772
10	0					
11	0					
12	2,093	85	25	1	7.7	13173865
13	696	78	7	0.75	7.5	13174561
14	694	68	10	0.7	7.5	13175255
15	860	63+87	5	0.92	7.3	13176115
16	841	190	10	0.92	7.3	13176956
17	0					
18	0					
19	2,770	170	20	1.2	7	13179726
20	838	162	8	6.2	7.3	13180564
21	915	160	2	0.59	7.3	13181479
22	1,020	150	10	0.52	7.3	13182499
23	308	145	5	0.56	7	13182807
24	0					
25	0					
26	2,198	128	17	0.88	7.4	13185005
27	780	120	8	0.81	7.5	13185785
28	715	113	7	0.73	7.5	13186500
29	834	105	8	0.89	7.5	13187334
30	1,101	95	10	0.55	7.7	13188435
31	0					
TOT	24,468		255			
AVG.	789.29		8.23	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: JC Ross

Date: 8-4-04

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: JULY 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	0	per 24hrs	mg/l	Hydroxide	1648622
1	0	0	0	NR	NR	1648622
2	0	0	0	NR	NR	1648622
3	0					
4	0					
5	0	0	0	NR	NR	1648622
6	0					
7	0	0	0	NR	NR	1648622
8	0	0	0	NR	NR	1648622
9	0	0	0	NR	NR	1648622
10	0					
11	0					
12	0	0	0	NR	NR	1648622
13	0	0	0	NR	NR	1648622
14	0	0	0	NR	NR	1648622
15	0	0	0	NR	NR	1648622
16	0	0	0	NR	NR	1648622
17	0					
18	0					
19	0	0	0	NR	NR	1648622
20	0	0	0	NR	NR	1648622
21	0	0	0	NR	NR	1648622
22	0	0	0	NR	NR	1648622
23	0	0	0	NR	NR	1648622
24	0					
25	0					
26	0	0	0	NR	NR	1648622
27	0	0	0	NR	NR	1648622
28	0	0	0	NR	NR	1648622
29	0	0	0	NR	NR	1648622
30	0	0	0	nr	nr	1648622
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 ✓

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: 8-9-04

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: JULY 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	60	per 24hrs	mg/l	Hydroxide	453752
1	258	45+105	15	0.17	6.1	454010
2	221	142	8	0.08	6.1	454231
3	0					
4	0					
5	858	81	61	0.14	6.1	455089
6	0					
7	631	39	42	0.04	6	455720
8	202	30	9	0.02	6.1	455922
9	168	25+125	5	0.018	6.1	456090
10	0					
11	0					
12	758	87	63	1	6	456848
13	215	87	0	0.3	6	457063
14	392	66	21	0.12	6	457455
15	358	66+84	0	0.37	6	457813
16	328	130	20	0.27	6	458141
17	0					
18	0					
19	1,069	80	50	1	6	459210
20	368	63	17	1	6	459578
21	371	63	0	0.66	6	459949
22	423	42	21	0.52	6.1	460372
23	119	42+108	0	0.27	6.1	460491
24	0					
25	0					
26	1,067	114	36	0.18	6.1	461558
27	356	102	12	0.21	6.1	461914
28	270	96+54	6	0.2	6.1	462184
29	350	144	6	0.23	6	462534
30	548	117	27	0.024	6	463082
31	0					
TOT	9,330		419			
AVG.	300.97		13.52	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 ✓

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: 8-4-04

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: JULY 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	
Day of month	Treated Water K Gals	Liquid Sodium Hypochlorite Gallons 54	Cl2 use per 24hrs	Free Cl2 Residual mg/l	__ Lime __ Sodium Hydroxide	Totalizer Daily Totalizer 1435529
1	1,001	38+112	16	0.17	6.1	1436530
2	1,335	138	12	0.08	6.1	1437865
3	0					
4	0					
5	2,478	81	57	0.14	6.1	1440343
6	0					
7	1,849	53	28	0.04	6	1442192
8	1,287	33	20	0.02	6.1	1443479
9	1,209	20+130	13	0.018	6.1	1444688
10	0					
11	0					
12	2,469	102	48	1	6	1447157
13	731	66	36	0.3	6	1447888
14	826	45+105	21	0.12	6	1448714
15	1,028	123	27	0.37	6	1449742
16	1,023	96	27	0.27	6	1450765
17	0					
18	0					
19	3,504	15+135	81	1	6	1454269
20	908	126	24	1	6	1455177
21	1,104	102	14	0.66	6	1456281
22	1,275	78	24	0.52	6.1	1457556
23	405	69+81	9	0.27	6.1	1457961
24	0					
25	0					
26	2,546	93	57	0.18	6.1	1460507
27	949	72	21	0.21	6.1	1461456
28	889	54+96	18	0.2	6.1	1462345
29	943	126	24	0.23	6	1463288
30	1,368	96	30	0.024	6	1464656
31	0					
TOT	29,127		607			
AVG.	939.58		19.58	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 ✓

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 8-4-04

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: JULY 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	769496
1	0	38	0	NR	NR	769496
2	0	38	0	NR	NR	769496
3	0					
4	0					
5	0	38	0	NR	NR	769496
6	0					
7	0	38	0	NR	NR	769496
8	0	38	0	NR	NR	769496
9	0	38	0	NR	NR	769496
10	0					
11	0					
12	297	38	0	NR	NR	769793
13	0	38	0	NR	NR	769793
14	0	38	0	NR	NR	769793
15	0	38	0	NR	NR	769793
16	0	38	0	NR	NR	769793
17	0					
18	0					
19	0	38	0	NR	NR	769793
20	0	38	0	NR	NR	769793
21	0	38	0	NR	NR	769793
22	0	38	0	NR	NR	769793
23	0	38	0	NR	NR	769793
24	0					
25	0					
26	0	38	0	NR	NR	769793
27	0	38	0	NR	NR	769793
28	0	38	0	NR	NR	769793
29	0	38	0	NR	NR	769793
30	0	38	0	NR	NR	769793
31	0					
TOT	297		0			
AVG.	9.58		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 ✓

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: 8-4-04

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: JULY 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	63	per 24hrs	mg/l	Hydroxide	601403
1	2	63	0	0.8	7.4	601405
2	0	63	0	NR	NR	601405
3	0					
4	0					
5	0	63	0	NR	NR	601405
6	0					
7	0	63	0	NR	NR	601405
8	3	63	0	NR	NR	601408
9	2	63	0	NR	NR	601410
10	0					
11	0					
12	37	63	0	NR	NR	601447
13	0	63	0	NR	NR	601447
14	2	63	0	NR	NR	601449
15	0	63	0	NR	NR	601449
16	2	63	0	NR	NR	601451
17	0					
18	0					
19	0	63	0	NR	NR	601451
20	0	63	0	0.65	7	601451
21	2	63	0	NR	NR	601453
22	0	63	0	0.65	7.1	601453
23	1,349	26	37	NR	NR	602802
24	0					
25	0					
26	1	25	1	NR	NR	602803
27	0	25	0	0.67	6.8	602803
28	52	25+38	0	NR	NR	602855
29	0	63	0	0.9	6.5	602855
30	3	63	0	NR	NR	602858
31	0					
TOT	1,455		38			
AVG.	46.94		1.23	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 ✓

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.

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

Reported by: [signature]

Date: 8-4-04

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: JULY 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	132	per 24hrs	mg/l	Hydroxide	684569
1	1	132	0	0.5	7.8	684570
2	149	131	1	NR	NR	684719
3	0					
4	0					
5	0	131	0	NR	NR	684719
6	0					
7	0	131	0	NR	NR	684719
8	4	131	0	NR	NR	684723
9	3	131	0	NR	NR	684726
10	0					
11	0					
12	55	129	2	NR	NR	684781
13	0	129	0	NR	NR	684781
14	4	129	0	NR	NR	684785
15	0	129	0	NR	NR	684785
16	1	129	0	NR	NR	684786
17	0					
18	0					
19	362	125	4	NR	NR	685148
20	0	125	0	0.72	7	685148
21	6	125	0	NR	NR	685154
22	0	123	2	0.72	7.2	685154
23	2	123	0	NR	NR	685156
24	0					
25	0					
26	0	123	0	NR	NR	685156
27	0	123	0	0.8	6.4	685156
28	42	123	0	NR	NR	685198
29	0	123	0	0.72	6.8	685198
30	1	123	0	NR	NR	685199
31	0					
TOT	630		9			
AVG.	20.32		0.29	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 ✓

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.

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

Reported by: [signature]

Date: 8-4-04

Title: **Water Systems Supervisor**

Certification No. **NY0031941**

7/30/04
Pump Data

MONTHLY GALLONAGE REPORT
July2004.xls

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	258	1,001	0	2	1	1,262
2	0	221	1,335	0	0	149	1,705
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	0	858	2,478	0	0	0	3,336
6	0	0	0	0	0	0	0
7	0	631	1,849	0	0	0	2,480
8	0	202	1,287	0	3	4	1,496
9	0	168	1,209	0	2	3	1,382
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	0	758	2,469	297	37	55	3,616
13	0	215	731	0	0	0	946
14	0	392	826	0	2	4	1,224
15	0	358	1,028	0	0	0	1,386
16	0	328	1,023	0	2	1	1,354
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	0	1,069	3,504	0	0	362	4,935
20	0	368	908	0	0	0	1,276
21	0	371	1,104	0	2	6	1,483
22	0	423	1,275	0	0	0	1,698
23	0	119	405	0	1,349	2	1,875
24	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0
26	0	1,067	2,546	0	1	0	3,614
27	0	356	949	0	0	0	1,305
28	0	270	889	0	52	42	1,253
29	0	350	943	0	0	0	1,293
30	0	548	1,368	0	3	1	1,920
31	0	0	0	0	0	0	0
Total	0	9,330	29,127	297	1,455	630	40,839

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	1,648,622	1,648,622	0
Well 6	463,082	453,752	9,330
Well 7	1,464,656	1,435,529	29,127
Well 10	769,793	769,496	297
Well 11	602,858	601,403	1,455
Well 12	685,199	684,569	630
AGS Water Supply Meter	506,887	504,592	2295.00
Medical Reactor - Well 105			0.00
Biology Building - Well 9	6,792,770	6,792,770	0.00

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 : S. Scarpitta

Lab No. : 0407358-001A

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

Federal ID 5111891
Collected : 7/9/04 9:15:00 AM
Received : 7/9/04 3:35:00 PM
Collected By : CLIENT
Copy : Original
CC

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

Client ID. : 19108-001

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	07/09/2004

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

Date Reported : 8/3/04

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. : 0407358-002A

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

Federal ID 5111891
Collected : 7/9/04 9:40:00 AM
Received : 7/9/04 3:35:00 PM
Collected By : CLIENT
Copy : Original
CC

Client ID. : 19108-002
Point No : 076-408
Location : B-640 Water Tower

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	07/09/2004

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

Date Reported : 8/3/04

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. : 0407358-003A

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

Federal ID 5111891
Collected : 7/9/04 8:55:00 AM
Received : 7/9/04 3:35:00 PM
Collected By : CLIENT
Copy : Original
CC

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

Client ID. : 19108-003

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	07/09/2004

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

Date Reported : 8/3/04

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. : 0407358-004A

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

Federal ID 5111891
Collected : 7/9/04 9:50:00 AM
Received : 7/9/04 3:35:00 PM
Collected By : CLIENT
Copy : Original
CC

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

Client ID. : 19108-004

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	07/09/2004

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

Date Reported : 8/3/04

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. : 0407358-005A

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

Federal ID 5111891
Collected : 7/9/04 9:22:00 AM
Received : 7/9/04 3:35:00 PM
Collected By : CLIENT
Copy : Original
CC

Point No : 054-187
Location : B-930 LINAC

Client ID. : 19108-105

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	07/09/2004

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

Date Reported : 8/3/04

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. : 0407358-006A

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

Federal ID 5111891
Collected : 7/9/04 10:27:00 AM
Received : 7/9/04 3:35:00 PM
Collected By : CLIENT
Copy : Original
CC

Client ID. : 19108-106
Point No : 084-70
Location : B-490 Outpatient Clinic

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	07/09/2004

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

Date Reported : 8/3/04

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. : 0407358-007A

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

Federal ID 5111891
Collected : 7/9/04 10:40:00 AM
Received : 7/9/04 3:35:00 PM
Collected By : CLIENT
Copy : Original
CC

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

Client ID. : 19108-(07

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	07/09/2004

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

Date Reported : 8/3/04

Joann M. Slavin
Laboratory Manager