M. Allocco

Environmental and Waste Management Services

BROOKHAVEN
NATIONAL LABORATORY

120 E. Fifth Ave., Bldg. 860
P. O. Box 5000
Upton, NY 11973-5000
Phone 631 344-4549
Fax 631 344-7334
goode@bnl.gov

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

July 8, 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 June 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 June.

Attachment II: June 2003 Biweekly Water Quality Monitoring Data 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. 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.

NSF
REGISTERED TO
ISO 14001: 1996

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
	J. Tarpinian	w/o attachments

File: EC61ER.03

ATTACHMENT I

Brookhaven National Laboratory
Potable Water Supply

Monthly Operational and Bacteriological Reports for June 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: JUNE 2003

LOCATION: **Water Treatment Facility**

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	125	per 24hrs	mg/l	Hydroxide	12882480
1	0					
2	3.393	93	32	1.3	7.7	12885873
3	979	85	8	0.79	7.5	12886852
4	1.095	80	5	0.92	7.7	12887947
5	1.112	70	10	0.9	7.7	12889059
6	1.115	65+135	5	0.94	7.7	12890174
7	0					
8	0					
9	3.323	178	22	0.72	7.4	12893497
10	1.097	168	10	0.9	7.4	12894594
11	1.112	160	8	0.84	7.4	12895706
12	1.087	150	10	0.82	7.4	12896793
13	1.045	142	8	0.88	7.3	12897838
14	0					
15	0					
16	3.127	112	32	1	7.4	12900965
17	881	110	2	1.1	7.4	12901846
18	1.016	100	10	0.81	7.4	12902862
19	1.042	90	10	0.96	7.3	12903904
20	1.019	85+115	5	0.9	7.3	12904923
21	0					
22	0					
23	1.825	180	20	1.22	7.4	12906748
24	1.045	171	9	0.97	7.6	12907793
25	1.053	162	9	1.1	7.5	12908846
26	1.055	152	10	0.97	7.8	12909901
27	1.070	142	10	1.1	7.6	12910971
28	0					
29	0					
30	3.172	110	32	0.87	7.5	12914143
31	0					
TOT	31.663		267			
AVG.	1055.43		8.90	No. Days:	30	

Population Served 3.500

Number of routine samples 4

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

Number of actual routine samples 7

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

If yes, check reason's below.

____ Actual number of samples fewer than required.

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

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO X

If yes, check reason(s) below.

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

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

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

Reported by: [signature]

Date: 2 July 03

Title: **Water Systems Supervisor**

Certification No. **NY0030392**

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: JUNE 2003

LOCATION: **WELL NO. 4**

Source: Ground Water

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

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

	CHLORINATION				pH	
Day of month	Treated Water K Gals	Liquid Sodium Hypochlorite Gallons 87+63	Cl2 use per 24hrs	Free Cl2 Residual mg/l	Lime Sodium Hydroxide	Totalizer Daily Totalizer 1567487
1	0					
2	0	149	1	NR	NR	1567487
3	207	138	11	0.22	5.9	1567694
4	269	132+18	6	0.62	6.1	1567963
5	270	141	9	0.3	6	1568233
6	527	123	18	0.52	6	1568760
7	0					
8	0					
9	1,601	75+45	48	0.09	6	1570361
10	225	117	3	0.4	6.1	1570586
11	551	99	18	0.07	6	1571137
12	410	87	12	0.4	6.1	1571547
13	518	75+75	12	0.3	6	1572065
14	0					
15	0					
16	1,443	105	45	1	6.1	1573508
17	439	96	9	0.31	6	1573947
18	376	87	9	0.6	6.1	1574323
19	505	75	12	1.1	6	1574828
20	387	66+60	9	0.96	6	1575215
21	0					
22	0					
23	697	105	21	0.37	6	1575912
24	457	93	12	0.21	6.1	1576369
25	452	84	9	0.017	6.1	1576821
26	460	69+81	15	0.21	6.1	1577281
27	464	132	18	0.04	6	1577745
28	0					
29	0					
30	1,359	96	36	0.81	6	1579104
31	0					
TOT	11,617		333			
AVG.	387.23		11.10	No. Days:	30	

Population Served 3,500

Number of routine samples 4

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

Number of actual routine samples 7

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

If yes, check reason's below.

____ Actual number of samples fewer than required.

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

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO ✓

If yes, check reason(s) below.

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

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

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

Reported by: Will Colla

Date: 2 July 03

Title: **Water Systems Supervisor**

Certification No. **NY0030392**

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: JUNE 2003

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	108+18	per 24hrs	mg/l	Hydroxide	388374
1	0					
2	1,859	78	48	0.25	6	390233
3	464	69	9	0.22	5.9	390697
4	152	66+84	3	0.62	6.1	390849
5	0	144	6	0.3	6	390849
6	129	135	9	0.52	6	390978
7	0					
8	0					
9	288	129	6	0.09	6	391266
10	417	117	12	0.4	6.1	391683
11	178	111	6	0.07	6	391861
12	60	111	0	0.4	6.1	391921
13	166	108	3	0.3	6	392087
14	0					
15	0					
16	246	102	6	1	6.1	392333
17	76	102	0	0.31	6	392409
18	115	99	3	0.6	6.1	392524
19	191	95	4	1.1	6	392715
20	0	93	2	0.96	6	392715
21	0					
22	0					
23	192	90	3	0.37	6	392907
24	85	90	0	0.21	6.1	392992
25	121	87	3	0.017	6.1	393113
26	77	84+66	3	0.21	6.1	393190
27	94	141	9	0.04	6	393284
28	0					
29	0					
30	392	126	15	0.81	6	393676
31	0					
TOT	5,302		150			
AVG.	176.73		5.00	No. Days:	30	

Population Served 3,500

Number of routine samples 4

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

Number of actual routine samples 7

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

If yes, check reason's below.

____ Actual number of samples fewer than required.

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

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO ✓

If yes, check reason(s) below.

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

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

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

Reported by: [signature]

Date: 2 July 03

Title: Water Systems Supervisor

Certification No. NY0030392

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: JUNE 2003

LOCATION: **WELL NO. 7**

Source: Ground Water

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

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	84+66	per 24hrs	mg/l	Hydroxide	1119392
1	0					
2	3,933	90	60	0.25	6.1	1123325
3	1,273	69	21	0.22	5.9	1124598
4	1,172	54+96	15	0.62	6.1	1125770
5	1,239	129	21	0.3	6	1127009
6	1,165	114	15	0.52	6	1128174
7	0					
8	0					
9	3,632	57+93	57	0.09	6	1131806
10	1,215	132	8	0.4	6.1	1133021
11	1,223	114	18	0.07	6	1134244
12	1,111	99	15	0.4	6.1	1135355
13	1,204	84+66	15	0.3	6	1136559
14	0					
15	0					
16	3,455	96	54	1	6.1	1140014
17	1,013	84	12	0.31	6	1141027
18	1,216	63	21	0.6	6.1	1142243
19	1,169	48	15	1	6	1143412
20	1,148	30+120	18	0.96	6	1144560
21	0					
22	0					
23	2,232	117	33	0.37	6	1146792
24	1,106	102	15	0.21	6.1	1147898
25	1,259	84	18	0.017	6.1	1149157
26	1,194	66+84	18	0.21	6.1	1150351
27	1,220	129	20	0.04	6	1151571
28	0					
29	0					
30	3,608	81	38	0.81	6	1155179
31	0					
TOT	35,787		507			
AVG.	1192.90		16.90	No. Days:	30	

Population Served 3,500

Number of routine samples 4

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

Number of actual routine samples 7

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

If yes, check reason's below.

____ Actual number of samples fewer than required.

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

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO ✓

If yes, check reason(s) below.

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

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

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

Reported by: William Clark

Date: 2 July 03

Title: **Water Systems Supervisor**

Certification No. **NY0030392**

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: JUNE 2003

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	764819
1	0					
2	0	38	0	NR	NR	764819
3	0	38	0	NR	NR	764819
4	0	38	0	NR	NR	764819
5	0	38	0	NR	NR	764819
6	0	38	0	NR	NR	764819
7	0					
8	0					
9	0	38	0	NR	NR	764819
10	0	38	0	NR	NR	764819
11	0	38	0	NR	NR	764819
12	0	38	0	NR	NR	764819
13	0	38	0	NR	NR	764819
14	0					
15	0					
16	0	38	0	NR	NR	764819
17	0	38	0	NR	NR	764819
18	0	38	0	NR	NR	764819
19	0	38	0	NR	NR	764819
20	0	38	0	NR	NR	764819
21	0					
22	0					
23	0	38	0	NR	NR	764819
24	0	38	0	NR	NR	764819
25	0	38	0	NR	NR	764819
26	0	38	0	NR	NR	764819
27	0	38	0	NR	NR	764819
28	0					
29	0					
30	0	38	0	NR	NR	764819
31	0					
TOT	0		0			
AVG.	0.00		0.00	No. Days:	30	

Population Served 3,500

Number of routine samples 4

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

Number of actual routine samples 7

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

If yes, check reason's below.

____ Actual number of samples fewer than required.

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

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO ✓

If yes, check reason(s) below.

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

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

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

Reported by: William L Clarke

Date: 2 July 03

Title: Water Systems Supervisor

Certification No. NY0030392

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: JUNE 2003

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	138	per 24hrs	mg/l	Hydroxide	493807
1	0					
2	0	138	0	0.71	6.6	493807
3	0	138	0	0.57	6.3	493807
4	0	138	0	0.27	6.4	493807
5	374	135	3	0.88	6.7	494181
6	324	135	0	0.87	6.7	494505
7	0					
8	0					
9	961	135	0	NR	NR	495466
10	365	135	0	0.8	6.4	495831
11	73	135	0	NR	NR	495904
12	2	135	0	0.81	6.4	495906
13	234	135	0	NR	NR	496140
14	0					
15	0					
16	211	132	3	NR	NR	496351
17	5	132	0	0.37	7.1	496356
18	6	132	0	0.88	7.1	496362
19	15	132	0	0.77	7.1	496377
20	379	128	4	0.8	7.1	496756
21	0					
22	0					
23	1,573	102	26	0.82	6.2	498329
24	88	102	0	0.79	6.1	498417
25	96	102	0	0.5	6.1	498513
26	107	102	0	0.85	6.4	498620
27	161	102	0	0.71	6.8	498781
28	0					
29	0					
30	694	99	3	0.02	6.5	499475
31	0					
TOT	5.668		39			
AVG.	188.93		1.30	No. Days:	30	

Population Served 3,500

Number of routine samples 4

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

Number of actual routine samples 7

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

If yes, check reason's below.

____ Actual number of samples fewer than required.

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

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO ✓

If yes, check reason(s) below.

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

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

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

Reported by: [signature]

Date: 2 July 03

Title: Water Systems Supervisor

Certification No. NY0030392

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: JUNE 2003

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	105	per 24hrs	mg/l	Hydroxide	640391
1	0					
2	492	105	0	0.44	6.7	640883
3	666	102	3	0.42	6.4	641549
4	1,031	102	0	0.31	6.4	642580
5	26	102	0	0.83	7	642606
6	210	102	0	0.73	6.5	642816
7	0					
8	0					
9	392	96	6	0.75	7.2	643208
10	261	93	3	0.7	7.2	643469
11	288	90	3	0.7	7.4	643757
12	469	90	0	0.71	7.1	644226
13	412	84	6	NR	NR	644638
14	0					
15	0					
16	893	75	9	0.69	7.4	645531
17	324	75	0	0.44	7.4	645855
18	3	75	0	0.43	7.4	645858
19	0	75	0	0.42	7.4	645858
20	1	75	0	0.72	7.3	645859
21	0					
22	0					
23	0	75	0	0.53	6.1	645859
24	1	75	0	0.61	6.9	645860
25	3	75	0	0.73	6.4	645863
26	1	75	0	0.77	6.8	645864
27	0	75	0	0.84	7.7	645864
28	0					
29	0					
30	12	75	0	0.6	6.3	645876
31	0					
TOT	5,485		30			
AVG.	182.83		1.00	No. Days:	30	

Population Served 3,500

Number of routine samples 4

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

Number of actual routine samples 7

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

If yes, check reason's below.

____ Actual number of samples fewer than required.

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

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES ____ NO ✓

If yes, check reason(s) below.

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

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

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

Reported by: [signature]

Date: 2-July 03

Title: Water Systems Supervisor

Certification No. NY0030392

6/30/03
Pump Data

MONTHLY GALLONAGE REPORT
JUNE 2003.xls

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	0	0	0	0	0	0
2	0	1,859	3,933	0	0	492	6,284
3	207	464	1,273	0	0	666	2,610
4	269	152	1,172	0	0	1,031	2,624
5	270	0	1,239	0	374	26	1,909
6	527	129	1,165	0	324	210	2,355
7	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0
9	1,601	288	3,632	0	961	392	6,874
10	225	417	1,215	0	365	261	2,483
11	551	178	1,223	0	73	288	2,313
12	410	60	1,111	0	2	469	2,052
13	518	166	1,204	0	234	412	2,534
14	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0
16	1,443	246	3,455	0	211	893	6,248
17	439	76	1,013	0	5	324	1,857
18	376	115	1,216	0	6	3	1,716
19	505	191	1,169	0	15	0	1,880
20	387	0	1,148	0	379	1	1,915
21	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0
23	697	192	2,232	0	1,573	0	4,694
24	457	85	1,106	0	88	1	1,737
25	452	121	1,259	0	96	3	1,931
26	460	77	1,194	0	107	1	1,839
27	464	94	1,220	0	161	0	1,939
28	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0
30	1,359	392	3,608	0	694	12	6,065
31	0	0	0	0	0	0	0
Total	11,617	5,302	35,787	0	5,668	5,485	63,859

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	1,579,104	1,567,487	11,617
Well 6	393,676	388,374	5,302
Well 7	1,155,179	1,119,392	35,787
Well 10	764,819	764,819	0
Well 11	499,475	493,807	5,668
Well 12	645,876	640,391	5,485
AGS Water Supply Meter	469,759	467,453	2306.00
Medical Reactor - Well 105			0.00
Biology Building - Well 9	6,785,670	6,751,750	[illegible]

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. : 0306173-001A

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

Federal ID 5111891
Client ID. : 16032-001
Collected : 6/5/03 11:00:00 AM
Point No : 094-273
Received : 6/5/03 3:50:00 PM
Location : B-49 Water Tower
Collected By : CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03

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 : S. Scarpitta

Lab No. : 0306173-002A

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

Federal ID 5111891
Client ID. : 16032-002
Collected : 6/5/03 10:45:00 AM
Point No : 076-408
Received : 6/5/03 3:50:00 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	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03

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 : S. Scarpitta

Lab No. : 0306173-003A

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

Federal ID 5111891
Collected : 6/5/03 9:25:00 AM
Received : 6/5/03 3:50:00 PM
Collected By : CLIENT
Copy : Original
CC

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

Client ID. : 16032-003

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03

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 : S. Scarpitta

Lab No. : 0306173-004A

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

Federal ID 5111891
Client ID. : 16032-004
Collected : 6/5/03 9:10:00 AM
Point No : 109-19
Received : 6/5/03 3:50:00 PM
Location : B-363 Apt.Laundry
Collected By : CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.4	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03

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 : S. Scarpitta

Lab No. : 0306173-005A

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

Federal ID 5111891
Collected : 6/5/03 10:35:00 AM
Received : 6/5/03 3:50:00 PM
Collected By : CLIENT
Copy : Original
CC

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

Client ID. : 16032-005

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03

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 : S. Scarpitta

Lab No. : 0306173-006A

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

Federal ID 5111891
Collected : 6/5/03 10:25:00 AM
Received : 6/5/03 3:50:00 PM
Collected By : CLIENT
Copy : Original
CC

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

Client ID. : 16032-006

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.4	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03

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 : S. Scarpitta

Lab No. : 0306173-007A

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

Federal ID 5111891
Collected : 6/5/03 10:16:00 AM
Received : 6/5/03 3:50:00 PM
Collected By : CLIENT
Copy : **Original**
CC

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

Client ID. : 16032-007

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03

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 : S. Scarpitta

Lab No. : 0306173-008A

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

Federal ID 5111891
Collected : 6/5/03 11:00:00 AM
Received : 6/5/03 3:50:00 PM
Collected By : CLIENT
Copy : **Original**
CC

Client ID. : 16032-008
Point No : 1
Location : Duplicate - Bldg. 49

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03

Joann M. Slavin
Laboratory Manager

ATTACHMENT II

Brookhaven National Laboratory
Potable Water Supply

June 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
June 2003

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	6/3/03	7.5	54	205	NR	NR
WTP	6/5/03	7.7	55	141	NR	NR
WTP	6/10/03	7.4	55	246	NR	NR
WTP	6/12/03	7.4	55	188	NR	NR
WTP	6/17/03	7.4	55	225	NR	NR
WTP	6/19/03	7.3	57	238	NR	NR
WTP	6/24/03	7.6	56	149	NR	NR
WTP	6/26/03	7.8	57	223	NR	NR
Well 11	6/3/03	6.3	56	172	NR	NR
Well 11	6/5/03	6.7	56	137	NR	NR
Well 11	6/10/03	6.4	55	174	NR	NR
Well 11	6/12/03	6.4	55	138	NR	NR
Well 11	6/17/03	7.1	52	189	NR	NR
Well 11	6/19/03	7.1	52	185	NR	NR
Well 11	6/24/03	6.1	50	155	NR	NR
Well 11	6/26/03	6.4	55	151	NR	NR
Well 12	6/3/03	6.4	56	206	NR	NR
Well 12	6/5/03	7.0	56	142	NR	NR
Well 12	6/10/03	7.2	56	170	NR	NR
Well 12	6/12/03	7.1	55	171	NR	NR
Well 12	6/17/03	7.4	52	212	NR	NR
Well 12	6/19/03	7.4	52	245	NR	NR
Well 12	6/24/03	6.9	56	155	NR	NR
Well 12	6/26/03	6.8	56	166	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.