Environmental and Waste Management Services

BROOKHAVEN
NATIONAL LABORATORY

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

April 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 March 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 March.

Attachment II: March 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
	T. Sheridan	w/o attachments

File: EC61ER.03

ATTACHMENT I

Brookhaven National Laboratory
Potable Water Supply

Monthly Operational and Bacteriological Reports for March 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: MARCH 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	189	per 24hrs	mg/l	Hydroxide	12798389
1	0					
2	0					
3	2,815	169	20	0.86	7.4	12801204
4	589	162	6	0.96	7.4	12801793
5	941	153	9	1	7.7	12802734
6	1,061	142	11	0.66	7.7	12803795
7	1,042	135+65	7	1	7.2	12804837
8	0					
9	0					
10	3,108	170	30	0.95	7.5	12807945
11	1,068	160	10	1.29	7.3	12809013
12	1,049	150	10	1	7.6	12810062
13	1,057	140	10	0.76	7.5	12811119
14	1,052	130+70	10	0.76	7.4	12812171
15	0					
16	0					
17	3,162	180	20	0.93	7.5	12815333
18	1,028	169	11	0.83	7.5	12816361
19	1,058	158	11	0.52	7.4	12817419
20	943	149+51	9	0.66	7.6	12818362
21	1,024	190	10	0.85	7.5	12819386
22	0					
23	0					
24	3,210	160	30	1.2	7.3	12822596
25	1,060	150	10	0.46	7.2	12823656
26	1,096	140	10	1.1	7.2	12824742
27	1,073	130	10	0.99	7.3	12825815
28	1,061	120+80	10	1.2	7.3	12826876
29	0					
30	0					
31	2,525	190	10	1.2	7.3	12829401
TOT	31,012		264			
AVG	1000.39		8.52	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 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: 4-2-03

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: MARCH 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 ✓

	CHLORINATION				pH	
	Treated	Liquid Sodium Hypochlorite		Free Cl2	__ Lime	Totalizer
Day of	Water	Gallons	Cl2 use	Residual	__ Sodium	Daily Totalizer
month	K Gals	111	per 24hrs	mg/l	Hydroxide	1540215
1	0					
2	0					
3	1,138	88+62	23	0.76	6.3	1541353
4	234	144	6	0.62	6.3	1541587
5	343	135	9	0.74	6.1	1541930
6	520	123	12	0.66	6.1	1542450
7	507	117+33	6	0.7	6.1	1542957
8	0					
9	0					
10	1,548	114	36	0.17	6.2	1544505
11	577	105	9	0.64	6	1545082
12	400	96+54	9	0.39	6	1545482
13	569	138	12	0.43	5.9	1546051
14	607	126+24	12	0.41	6	1546658
15	0					
16	0					
17	1,622	114	36	0.37	6.2	1548280
18	476	105	9	0.42	6.2	1548756
19	373	99	6	0.32	6.1	1549129
20	403	93+57	6	0.3	6.2	1549532
21	300	144	6	0.32	6.1	1549832
22	0					
23	0					
24	1,582	114	30	0.22	6	1551414
25	504	105	9	0.63	6.2	1551918
26	520	93	12	0.55	6.1	1552438
27	516	84	9	0.56	6.1	1552954
28	553	75+54	9	0.75	6	1553507
29	0					
30	0					
31	858	114	15	0.02	6.1	1554365
TOT	14,150		281			
AVG	456.45		9.06	No. Days:	21	

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: 4-2-03

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: MARCH 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	129	per 24hrs	mg/l	Hydroxide	368599
1	0					
2	0					
3	225	123	6	0.76	6.3	368824
4	151	117	6	0.62	6.3	368975
5	47	115	2	0.74	6.1	369022
6	136	111	3	0.66	6.1	369158
7	222	108+42	3	0.7	6.1	369380
8	0					
9	0					
10	347	132	18	0.17	6.2	369727
11	232	129	3	0.64	6	369959
12	1	129	0	0.39	6	369960
13	181	123	6	0.43	5.9	370141
14	229	120+30	3	0.41	6	370370
15	0					
16	0					
17	456	135	15	0.37	6.2	370826
18	0	135	0	0.42	6.2	370826
19	1	135	0	0.32	6.1	370827
20	138	132	3	0.3	6.2	370965
21	36	129	3	0.32	6.1	371001
22	0					
23	0					
24	276	123	6	0.22	6	371277
25	0	123	0	0.63	6.2	371277
26	160	120	3	0.55	6.1	371437
27	84	119	2	0.56	6.1	371521
28	146	115	4	0.75	6	371667
29	0					
30	0					
31	142	111	4	0.02	6.1	371809
TOT	3,210		90			
AVG.	103.55		2.90	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: 4-2-03

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: MARCH 2003

LOCATION: **WELL NO. 7**

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

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

Source: Ground Water

	CHLORINATION				pH	
	Treated	Liquid Sodium Hypochlorite		Free Cl2	_ Lime	Totalizer
Day of	Water	Gallons	Cl2 use	Residual	_ Sodium	Daily Totalizer
month	K Gals	120	per 24hrs	mg/l	Hydroxide	1024163
1	0					
2	0					
3	3,221	67+83	53	0.76	6.3	1027384
4	773	132	18	0.62	6.3	1028157
5	1,008	117	15	0.74	6.1	1029165
6	1,157	96	21	0.66	6.1	1030322
7	1,217	78+72	18	0.7	6.1	1031539
8	0					
9	0					
10	3,421	90	60	0.17	6.2	1034960
11	1,129	72	18	0.64	6	1036089
12	1,298	54+96	18	0.39	6	1037387
13	1,120	129	21	0.43	5.9	1038507
14	1,187	111+39	18	0.41	6	1039694
15	0					
16	0					
17	3,478	90	60	0.37	6.2	1043172
18	1,177	72+78	18	0.42	6.2	1044349
19	1,204	135	15	0.32	6.1	1045553
20	1,141	114+36	19	0.3	6.2	1046694
21	1,286	135	15	0.32	6.1	1047980
22	0					
23	0					
24	3,536	81	54	0.22	6	1051516
25	1,286	60	21	0.63	6.2	1052802
26	1,145	39+57	21	0.55	6.1	1053947
27	1,219	81	15	0.56	6.1	1055166
28	1,127	63+87	18	0.75	6	1056293
29	0					
30	0					
31	2,999	120	30	0.02	6.1	1059292
TOT	35,129		546			
AVG.	1133.19		17.61	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: Jd Rocco

Date: 4-2-03

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: MARCH 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	45	per 24hrs	mg/l	Hydroxide	764819
1	0					
2	0					
3	0	39	0	NR	NR	764819
4	0	39	0	NR	NR	764819
5	0	39	0	NR	NR	764819
6	0	39	0	NR	NR	764819
7	0	39	0	NR	NR	764819
8	0					
9	0					
10	0	39	0	NR	NR	764819
11	0	39	0	NR	NR	764819
12	0	39	0	NR	NR	764819
13	0	39	0	NR	NR	764819
14	0	39	0	NR	NR	764819
15	0					
16	0					
17	0	39	0	NR	NR	764819
18	0	39	0	NR	NR	764819
19	0	39	0	NR	NR	764819
20	0	39	0	NR	NR	764819
21	0	39	0	NR	NR	764819
22	0					
23	0					
24	0	39	0	NR	NR	764819
25	0	39	0	NR	NR	764819
26	0	39	0	NR	NR	764819
27	0	39	0	NR	NR	764819
28	0	39	0	NR	NR	764819
29	0					
30	0					
31	0	39	0	NR	NR	764819
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: J. Carey

Date: 4-2-03

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: MARCH 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 ✓

Day of month	CHLORINATION Treated Water r. Gals	Liquid Sodium Hypochlorite Gallons 150	Cl2 use per 24hrs	Free Cl2 Residual mg/l	pH Lime Sodium Hydroxide	Totalizer Daily Totalizer 476167
1	0					
2	0					
3	18	150	0	0.73	7.4	476185
4	874	138	12	0.4	7.4	477059
5	339	132	6	0.25	7	477398
6	399	129	3	0.3	6.8	477797
7	1	129+21	0	0.25	6.8	477798
8	0					
9	0					
10	35	150	0	0.54	6.6	477833
11	2	150	0	0.11	6.6	477835
12	5	150	3	0.65	6.7	477840
13	5	150	0	0.1	6.1	477845
14	1	150	0	NR	NR	477846
15	0					
16	0					
17	0	150	0	1.2	6.6	477846
18	326	150	0	0.93	7.6	478172
19	2	150	0	NR	NR	478174
20	108	144	0	1.45	7.8	478282
21	111	141	3	NR	NR	478393
22	0					
23	0					
24	0	141	0	NR	NR	478393
25	59	141	0	0.54	7.8	478452
26	2	141	0	NR	NR	478454
27	0	141	0	0.68	7.3	478454
28	1	141	0	NR	NR	478455
29	0					
30	0					
31	197	139	2	0.9	7.1	478652
TOT	2,485		29			
AVG	80.16		0.94	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: 4-2-03

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: MARCH 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	607890
1	0					
2	0					
3	1	102+36	3	0.53	6.8	607891
4	2	138	0	0.93	6.8	607893
5	2	138	0	0.47	6.8	607895
6	3	138	0	0.2	6.3	607898
7	1	138+12	0	0.58	6.9	607899
8	0					
9	0					
10	15	138	12	0.62	6.9	607914
11	0	138	0	0.59	6.8	607914
12	190	138	0	0.67	7	608104
13	223	135	3	0.72	6.7	608327
14	697	135	0	0.4	6.7	609024
15	0					
16	0					
17	2,354	111	24	0.92	6.5	611378
18	811	102	9	2.19	8	612189
19	872	93	9	NR	NR	613061
20	987	84	9	0.88	8.8	614048
21	530	78	6	NR	NR	614578
22	0					
23	0					
24	2,922	48	30	NR	NR	617500
25	235	42	6	0.69	8.3	617735
26	679	39+102	3	0.57	8.4	618414
27	734	135	6	0.79	8.6	619148
28	638	129	6	0.86	8	619786
29	0					
30	0					
31	3,165	102	27	1.2	7.3	622951
TOT	15,061		153			
AVG.	485.84		4.94	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: 4-2-03

Title: **Water Systems Supervisor**

Certification No. **NY0031941**

3/31/03
Pump Data

MONTHLY GALLONAGE REPORT
MARCH 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	1,138	225	3,221	0	18	1	4,603
4	234	151	773	0	874	2	2,034
5	343	47	1,008	0	339	2	1,739
6	520	136	1,157	0	399	3	2,215
7	507	222	1,217	0	1	1	1,948
8	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0
10	1,548	347	3,421	0	35	15	5,366
11	577	232	1,129	0	2	0	1,940
12	400	1	1,298	0	5	190	1,894
13	569	181	1,120	0	5	223	2,098
14	607	229	1,187	0	1	697	2,721
15	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0
17	1,622	456	3,478	0	0	2,354	7,910
18	476	0	1,177	0	326	811	2,790
19	373	1	1,204	0	2	872	2,452
20	403	138	1,141	0	108	987	2,777
21	300	36	1,286	0	111	530	2,263
22	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0
24	1,582	276	3,536	0	0	2,922	8,316
25	504	0	1,286	0	59	235	2,084
26	520	160	1,145	0	2	679	2,506
27	516	84	1,219	0	0	734	2,553
28	553	146	1,127	0	1	638	2,465
29	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0
31	858	142	2,999	0	197	3,165	7,361
Total	14,150	3,210	35,129	0	2,485	15,061	70,035

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	1,554,365	1,540,215	14,150
Well 6	371,809	368,599	3,210
Well 7	1,059,292	1,024,163	35,129
Well 10	764,819	764,819	0
Well 11	478,652	476,167	2,485
Well 12	622,951	607,890	15,061
AGS Water Supply Meter	447,062	429,364	17698.00
Medical Reactor · Well 105		0	0.00
Biology Building · Well 9	6,740,360	6,735,900	4.46

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. : 0303175-003A

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

Federal ID 5111891
Collected : 3/6/03 11:00:00 AM
Received : 3/7/03 3:55:00 PM
Collected By : CLIENT
Copy : Tony Ross

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

Client ID. : 16026-003

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	3/7/03 4:15:00 PM
E_Coliform	Absent		Absent	M9223	3/7/03 4:15:00 PM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	3/6/03

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

Date Reported : 3/14/03

Joann M. Slavin
Laboratory Manager

~~Page 3 of 8~~ 3/24/03

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. : 0303175-005A

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

Federal ID 5111891
Collected : 3/6/03 10:40:00 AM
Received : 3/7/03 3:55:00 PM
Collected By : CLIENT
Copy : Tony Ross

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

Client ID. : 16026-005

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	3/7/03 4:15:00 PM
E_Coliform	Absent		Absent	M9223	3/7/03 4:15:00 PM
Total Residual Chlorine	1.3	mg/L		M4500-Cl G	3/6/03

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

Date Reported : 3/14/03

Joann M. Slavin
Laboratory Manager

 3/14/03

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. : 0303175-006A

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

Federal ID 5111891
Collected : 3/6/03 11:10:00 AM
Received : 3/7/03 3:55:00 PM
Collected By : CLIENT
Copy : Tony Ross

Client ID. : 16026-006
Point No : 084-70
Location : B-490 Outpatient Clinic

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	3/7/03 4:15:00 PM
E_Coliform	Absent		Absent	M9223	3/7/03 4:15:00 PM
Total Residual Chlorine	1.1	mg/L		M4500-Cl G	3/6/03

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

Date Reported : 3/14/03

Joann M. Slavin
Laboratory Manager

 3/24/03

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. : 0303175-007A

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

Federal ID 5111891
Collected : 3/6/03 11:25:00 AM
Received : 3/7/03 3:55:00 PM
Collected By : CLIENT
Copy : **Tony Ross**

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

Client ID. : 16026-007

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	3/7/03 4:15:00 PM
E_Coliform	Absent		Absent	M9223	3/7/03 4:15:00 PM
Total Residual Chlorine	0.4	mg/L		M4500-Cl G	3/6/03

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

Date Reported : 3/14/03

Joann M. Slavin
Laboratory Manager

 vh 3/24/03

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. : 0303325-001A

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

Federal ID 5111891
Collected : 3/12/03 8:50:00 AM
Received : 3/12/03 3:45:00 PM
Collected By : CLIENT
Copy : Tony Ross

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

Client ID. : 16031-001

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	3/12/03 5:15:00 PM
E_Coliform	Absent		Absent	M9223	3/12/03 5:15:00 PM
Total Residual Chlorine	1.1	mg/L		M4500-Cl G	3/12/03

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

Date Reported : 3/14/03

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. : 0303325-003A

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

Federal ID 5111891
Collected : 3/12/03 9:05:00 AM
Received : 3/12/03 3:45:00 PM
Collected By : CLIENT
Copy : Tony Ross

Client ID. : 16031-003
Point No : 076-408
Location : B-640 Water Tower

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	3/12/03 5:15:00 PM
E_Coliform	Absent		Absent	M9223	3/12/03 5:15:00 PM
Total Residual Chlorine	1.1	mg/L		M4500-Cl G	3/12/03

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

Date Reported : 3/14/03

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. : 0303325-004A

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

Federal ID 5111891
Collected : 3/12/03 8:40:00 AM
Received : 3/12/03 3:45:00 PM
Collected By : CLIENT
Copy : Tony Ross

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

Client ID. : 16031-004

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	3/12/03 5:15:00 PM
E_Coliform	Absent		Absent	M9223	3/12/03 5:15:00 PM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	3/12/03

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

Date Reported : 3/14/03

Joann M. Slavin

Laboratory Manager

ATTACHMENT II

Brookhaven National Laboratory
Potable Water Supply

March 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
March 2003

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	3/4/03	7.4	51	205	NR	NR
WTP	3/6/03	7.7	54	160	NR	NR
WTP	3/11/03	7.3	52	246	NR	NR
WTP	3/13/03	7.5	53	201	NR	NR
WTP	3/18/03	7.5	53	190	NR	NR
WTP	3/20/03	7.6	53	157	NR	NR
WTP	3/25/03	7.2	55	225	NR	NR
WTP	3/27/03	7.3	53	225	NR	NR
Well 11	3/4/03	7.4	56	189	NR	NR
Well 11	3/6/03	6.8	56	224	NR	NR
Well 11	3/11/03	6.6	55	141	NR	NR
Well 11	3/13/03	6.1	55	174	NR	NR
Well 11	3/18/03	7.6	55	236	NR	NR
Well 11	3/20/03	7.8	55	179	NR	NR
Well 11	3/25/03	7.8	55	215	NR	NR
Well 11	3/27/03	7.3	55	178	NR	NR
Well 12	3/4/03	6.8	56	192	NR	NR
Well 12	3/6/03	6.3	56	168	NR	NR
Well 12	3/11/03	6.8	55	202	NR	NR
Well 12	3/13/03	6.7	56	236	NR	NR
Well 12	3/18/03	8.0	55	155	NR	NR
Well 12	3/20/03	8.8	55	188	NR	NR
Well 12	3/25/03	8.3	55	285	NR	NR
Well 12	3/27/03	8.6	55	212	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.