Environmental and Waste Management Services

BROOKHAVEN
NATIONAL LABORATORY

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

June 9, 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 May 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 May.
Attachment II:	May 2004 Biweekly Water Quality Monitoring Data for the BNL Distribution System and Potable Water Wells.
Attachment III:	May 2004 Stage 1 Disinfectants & Disinfection Byproduct Rule 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

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 May 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: MAY 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	170	per 24hrs	mg/l	Hydroxide	13111981
1	0					
2	0					
3	1	170	0	1.04	6.3	13111982
4	0	170	0	0.99	6.5	13111982
5	0	170	0	0.99	7.8	13111982
6	1,219	152	18	0.91	7.4	13113201
7	1,201	132	20	1.1	7.5	13114402
8	0					
9	0					
10	3,356	73	59	1	7.3	13117758
11	1,153	60	13	0.54	7.3	13118911
12	1,186	40+160	20	0.97	7.4	13120097
13	1,137	185	15	1	7.3	13121234
14	1,205	171	14	0.64	7.3	13122439
15	0					
16	0					
17	3,275	135+75	36	0.62	7.2	13125714
18	1,166	190	15	0.76	7.6	13126880
19	1,163	170	20	1	7.5	13128043
20	1,171	155	15	0.5	7.6	13129214
21	1,140	145	10	0.4	7.5	13130354
22	0					
23	0					
24	2,898	120	25	0.71	7.5	13133252
25	901	110	10	0.85	7.5	13134153
26	894	100	10	1.1	7.5	13135047
27	790	92	8	0.78	7.6	13135837
28	934	82+118	10	0.7	7.6	13136771
29	0					
30	0					
31	2,706	170	30	0.76	7.8	13139477
TOT	27,496		348			
AVG.	886.97		11.23	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: [signature]

Date: 6-8-04

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: MAY 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	
Day of month	Treated Water K Gals	Liquid Sodium Hypochlorite Gallons 120	Cl2 use per 24hrs	Free Cl2 Residual mg/l	__ Lime __ Sodium Hydroxide	Totalizer Daily Totalizer 1648622
1	0					
2	0					
3	0	120	0	NR	NR	1648622
4	0	120	0	NR	NR	1648622
5	0	120	0	NR	NR	1648622
6	0	120	0	NR	NR	1648622
7	0	120	0	NR	NR	1648622
8	0					
9	0					
10	0	120	0	NR	NR	1648622
11	0	120	0	NR	NR	1648622
12	0	120	0	NR	NR	1648622
13	0	120	0	NR	NR	1648622
14	0	120	0	NR	NR	1648622
15	0					
16	0					
17	0	120	0	NR	NR	1648622
18	0	120	0	NR	NR	1648622
19	0	120	0	NR	NR	1648622
20	0	120	0	NR	NR	1648622
21	0	120	0	NR	NR	1648622
22	0					
23	0					
24	0	120	0	NR	NR	1648622
25	0	120	0	NR	NR	1648622
26	0	120	0	NR	NR	1648622
27	0	120	0	NR	NR	1648622
28	0	120	0	NR	NR	1648622
29	0					
30	0					
31	0	120	0	NR	NR	1648622
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: 6-5-04

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: MAY 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	120	per 24hrs	mg/l	Hydroxide	436196
1	0					
2	0					
3	0	120	0	NR	NR	436196
4	0	120	0	NR	NR	436196
5	0	120	0	NR	NR	436196
6	301	112	8	0.97	6.2	436497
7	243	110+40	2	NR	NR	436740
8	0					
9	0					
10	823	147	3	0.1	6.2	437563
11	249	147	0	0.01	6.1	437812
12	270	147	0	0.1	6.2	438082
13	474	147	0	0.02	6.2	438556
14	355	135	12	0.15	6.2	438911
15	0					
16	0					
17	959	123+27	8	0.02	6.2	439870
18	359	135	15	0.12	6.2	440229
19	403	126	9	0.12	6.2	440632
20	444	117	9	0.08	6.2	441076
21	355	108+42	9	0.12	6.2	441431
22	0					
23	0					
24	1,229	114	36	0.18	6.1	442660
25	506	102	12	0.08	6.2	443166
26	350	93	9	0.02	6.2	443516
27	324	84	9	0.08	6.2	443840
28	328	80+70	4	0.18	6.2	444168
29	0					
30	0					
31	987	123	27	0.26	6.1	445155
TOT	8,959		172			
AVG.	289.00		5.55	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 ✓

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: 6-5-04

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: MAY 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	
	Treated	Liquid Sodium Hypochlorite		Free Cl2	__ Lime	Totalizer
Day of	Water	Gallons	Cl2 use	Residual	__ Sodium	Daily Totalizer
month	K Gals	80	per 24hrs	mg/l	Hydroxide	1375117
1	0					
2	0					
3	0	80	0	NR	NR	1375117
4	0	80	0	NR	NR	1375117
5	0	80	0	NR	NR	1375117
6	1,338	54	26	0.97	6.2	1376455
7	1,387	33+117	21	0.012	6.1	1377842
8	0					
9	0					
10	3,904	90	60	0.1	6.2	1381746
11	1,352	69	11	0.01	6.1	1383098
12	1,358	45	24	0.1	6.2	1384456
13	1,318	33+117	12	0.02	6.2	1385774
14	1,383	123	27	0.15	6.2	1387157
15	0					
16	0					
17	3,811	69+81	53	0.02	6.2	1390968
18	1,352	126	24	0.12	6.2	1392320
19	1,345	108	18	0.12	6.2	1393665
20	1,372	87	25	0.5	6.2	1395037
21	1,309	66+84	19	0.12	6.2	1396346
22	0					
23	0					
24	3,400	99	51	0.18	6.1	1399746
25	1,111	81	18	0.08	6.2	1400857
26	1,010	66+63	15	0.02	6.2	1401867
27	771	117	12	0.08	6.2	1402638
28	1,194	102+35	15	0.018	6.2	1403832
29	0					
30	0					
31	3,121	90	47	0.26	6.1	1406953
TOT	31,836		478			
AVG.	1026.97		15.42	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: 6-8-04

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: MAY 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	769432
1	0					
2	0					
3	0	38	0	NR	NR	769432
4	0	38	0	NR	NR	769432
5	0	38	0	NR	NR	769432
6	0	38	0	NR	NR	769432
7	0	38	0	NR	NR	769432
8	0					
9	0					
10	0	38	0	NR	NR	769432
11	0	38	0	NR	NR	769432
12	0	38	0	NR	NR	769432
13	0	38	0	NR	NR	769432
14	0	38	0	NR	NR	769432
15	0					
16	0					
17	0	38	0	NR	NR	769432
18	0	38	0	NR	NR	769432
19	0	38	0	NR	NR	769432
20	0	38	0	NR	NR	769432
21	0	38	0	NR	NR	769432
22	0					
23	0					
24	0	38	0	NR	NR	769432
25	0	38	0	NR	NR	769432
26	0	38	0	NR	NR	769432
27	0	38	0	NR	NR	769432
28	0	38	0	NR	NR	769432
29	0					
30	0					
31	0	38	0	NR	NR	769432
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: 6-[illegible]-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: MAY 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	135	per 24hrs	mg/l	Hydroxide	593771
1	0					
2	0					
3	4.266	78	57	1.04	6.5	598037
4	1.341	57	21	0.72	6.5	599378
5	1.180	42	15	NR	NR	600558
6	2	42	0	NR	NR	600560
7	0	42	0	NR	NR	600560
8	0					
9	0					
10	0	42	0	NR	NR	600560
11	0	42	0	0.64	7.1	600560
12	3	42	0	NR	NR	600563
13	275	39+48	3	0.73	7.2	600838
14	185	84	3	NR	NR	601023
15	0					
16	0					
17	257	81+42	3	NR	NR	601280
18	3	123	0	0.2	6.7	601283
19	0	123	0	NR	NR	601283
20	57	123	0	0.71	7.4	601340
21	0	120	3	NR	NR	601340
22	0					
23	0					
24	0	120	0	NR	NR	601340
25	0	120	0	NR	NR	601340
26	6	120	0	NR	NR	601346
27	0	120	0	NR	NR	601346
28	0	120	0	NR	NR	601346
29	0					
30	0					
31	0	120	0	NR	NR	601346
TOT	7.575		105			
AVG	244.35		3.39	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: 6-5-04

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: MAY 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	146	per 24hrs	mg/l	Hydroxide	683909
1	0					
2	0					
3	0	144	2	NR	NR	683909
4	0	144	0	NR	NR	683909
5	0	144	0	NR	NR	683909
6	0	144	0	NR	NR	683909
7	0	144	0	NR	NR	683909
8	0					
9	0					
10	0	144	0	NR	NR	683909
11	0	144	0	0.51	7.2	683909
12	2	144	0	NR	NR	683911
13	68	144	0	0.8	7.3	683979
14	0	144	0	NR	NR	683979
15	0					
16	0					
17	73	144	0	NR	NR	684052
18	3	144	0	0.43	6.5	684055
19	0	144	0	NR	NR	684055
20	305	144	0	0.66	7.5	684360
21	0	135	9	NR	NR	684360
22	0					
23	0					
24	0	135	0	NR	NR	684360
25	32	135	0	0.35	7	684392
26	5	135	0	NR	NR	684397
27	0	135	0	NR	NR	684397
28	0	135	0	NR	NR	684397
29	0					
30	0					
31	0	135	0	NR	NR	684397
TOT	488		11			
AVG	15.74		0.35	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: 6-5-04

Title: Water Systems Supervisor

Certification No. NY0031941

6/8/2004
Pump Data

MONTHLY GALLONAGE REPORT
MAY2004.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	0	0	0	0	4,266	0	4,266
4	0	0	0	0	1,341	0	1,341
5	0	0	0	0	1,180	0	1,180
6	0	301	1,338	0	2	0	1,641
7	0	243	1,387	0	0	0	1,630
8	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0
10	0	823	3,904	0	0	0	4,727
11	0	249	1,352	0	0	0	1,601
12	0	270	1,358	0	3	2	1,633
13	0	474	1,318	0	275	68	2,135
14	0	355	1,383	0	185	0	1,923
15	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0
17	0	959	3,811	0	257	73	5,100
18	0	359	1,352	0	3	3	1,717
19	0	403	1,345	0	0	0	1,748
20	0	444	1,372	0	57	305	2,178
21	0	355	1,309	0	0	0	1,664
22	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0
24	0	1,229	3,400	0	0	0	4,629
25	0	506	1,111	0	0	32	1,649
26	0	350	1,010	0	6	5	1,371
27	0	324	771	0	0	0	1,095
28	0	328	1,194	0	0	0	1,522
29	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0
31	0	987	3,121	0	0	0	4,108
Total	0	8,959	31,836	0	7,575	488	48,858

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	1,648,622	1,648,622	0
Well 6	445,155	436,196	8,959
Well 7	1,406,953	1,375,117	31,836
Well 10	769,432	769,432	0
Well 11	601,346	593,771	7,575
Well 12	684,397	683,909	488
AGS Water Supply Meter	504,226	500,954	3272.00
Medical Reactor - Well 105		0	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. : 0405274-001A

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

Federal ID 5111891
Collected : 5/7/04 11:20:00 AM
Received : 5/7/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

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

Client ID. : 17811-001

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	05/08/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	05/08/2004 10:30 AM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	05/07/2004

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

Date Reported : 5/12/04

Joann M. Slavin

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. : 0405274-002A

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

Federal ID 5111891
Client ID. : 17811-00:
Collected : 5/7/04 10:45:00 AM
Point No : 076-408
Received : 5/7/04 3:00:00 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	05/08/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	05/08/2004 10:30 AM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	05/07/2004

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

Joann M. Slavin

Date Reported 5/12/04

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. Scarpita

Lab No. : 0405274-003A

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

Federal ID 5111891
Collected : 5/7/04 9:45:00 AM
Received : 5/7/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

Client ID. : 17811-00:

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

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	05/08/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	05/08/2004 10:30 AM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	05/07/2004

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

Date Reported : 5/12/04

Joann M. Slavin

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. : 0405274-004A

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

Federal ID 5111891
Collected : 5/7/04 10:20:00 AM
Received : 5/7/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

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

Client ID. : 17811-004

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	05/08/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	05/08/2004 10:30 AM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	05/07/2004

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

Date Reported : 5/12/04

Joann M. Slavin

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. : 0405274-005A

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

Federal ID 5111891
Collected : 5/7/04 9:30:00 AM
Received : 5/7/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

Client ID. : 17811-005
Point No : 054-187
Location : B-930 LINAC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	05/08/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	05/08/2004 10:30 AM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	05/07/2004

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

Date Reported : 5/12/04

Joanne M. Slavin

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. : 0405274-006A

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

Federal ID 5111891
Collected : 5/7/04 1:00:00 PM
Received : 5/7/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

Client ID. : 17811-003
Point No : 084-70
Location : B-490 Outpatient Clinic

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	05/08/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	05/08/2004 10:30 AM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	05/07/2004

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

Joann M. Slavin

Date Reported : 5/12/04

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. : 0405274-007A

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

Federal ID 5111891
Collected : 5/7/04 1:10:00 PM
Received : 5/7/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

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

Client ID. : 17811-007

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	05/08/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	05/08/2004 10:30 AM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	05/07/2004

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

Date Reported : 5/12/04

Joann M. Slavin

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. : 0405274-008A

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

Federal ID 5111891
Collected : 5/7/04 9:30:00 AM
Received : 5/7/04 3:00:00 PM
Collected By : CLIENT
Copy : Original
CC

Client ID. : 17811-008
Point No : 054-187
Location : B-930 LINAC – Duplicate

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	05/08/2004 10:30 AM
E_Coliform	Absent		Absent	M9223	05/08/2004 10:30 AM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	05/07/2004

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

Joann M. Slavin

Date Reported : 5/12/04

ATTACHMENT II

Brookhaven National Laboratory

Potable Water Supply

May 2004 Biweekly Water Quality Monitoring Data

for the BNL Distribution System and Potable Water Wells

Attachment II
Table 1 - Summary of Water Quality Analyses
for the BNL Potable Water System
May 2004

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	5/4/04	6.5	56	137	ANR	ANR
WTP	5/6/04	7.4	54	233	ANR	ANR
WTP	5/11/04	7.3	55	179	ANR	ANR
WTP	5/13/04	7.3	58	146	ANR	ANR
WTP	5/18/04	7.6	55	139	ANR	ANR
WTP	5/20/04	7.6	55	184	ANR	ANR
WTP	5/25/04	7.5	57	136	ANR	ANR
WTP	5/27/04	7.6	57	134	ANR	ANR
Well #11	5/4/04	6.6	55	173	ANR	ANR
Well #11	5/6/04	NR	NR	NR	ANR	ANR
Well #11	5/11/04	7.1	55	212	ANR	ANR
Well #11	5/13/04	7.2	55	180	ANR	ANR
Well #11	5/18/04	6.7	55	158	ANR	ANR
Well #11	5/20/04	7.2	55	165	ANR	ANR
Well #11	5/25/04	6.0	54	180	ANR	ANR
Well #11	5/27/04	NR	NR	NR	ANR	ANR

ANR- Analysis Not Required
NR- Not Reported
Note: Field parameters are only conducted for facilities that are in operation on the day of measurement.

ATTACHMENT III

Brookhaven National Laboratory

Potable Water Supply

May 2004 Stage 1 Disinfectants & Disinfection Byproduct Rule

Monitoring Data for the BNL Distribution System

Attachment III

May 2004 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data
Table II - Maximum Residual Disinfectant Level (MRDL) Compliance

	Total Residual Chlorine (mg/L)											
Location	**June 03**	**July 03**	**Aug. 03**	**Sept. 03**	**Oct. 03**	**Nov. 03**	**Dec. 03**	**Jan. 04**	**Feb. 04**	**Mar. 04**	**Apr. 04**	**May 04**
Bldg. 49 Water Tower	0.9	1.2	0.9	1.4	0.9	0.9	0.9	0.8	0.7	1.1	1.0	1.0
Bldg. 640 Water Tower	0.5	0.8	0.9	0.9	0.5	0.9	0.8	0.9	0.6	1.1	0.6	1.0
Bldg. 363 Apt. Laundry	0.4	0.5	1.0	0.8	0.6	0.5	0.9	0.4	0.5	0.9	0.3	0.8
Bldg. 1005 RHIC	0.6	1.1	1.0	0.8	0.6	0.6	1.0	0.4	0.7	0.5	0.4	0.6
Bldg. 930 LINAC	NS	1.1	NS	1.3	NS	0.9	NS	0.8	NS	1.1	NS	0.9
Bldg. 725 NSLS	0.9	NS	1.1	NS	0.7	NS	0.6	NS	0.5	NS	1.7	NS
Bldg. 490 Outpatient Clinic	NS	1.1	NS	1.3	NS	0.6	NS	0.8	NS	1.0	NS	1.0
Bldg. 490 Block 11	NS	0.7	NS	1.2	NS	0.4	NS	0.8	NS	1.0	NS	1.0
Bldg. 490 Block 1 ACF	0.4	NS	0.9	NS	0.7	NS	0.8	NS	0.5	NS	1.0	NS
Bldg. 490 Block 4 MRC	0.5	NS	1.1	NS	0.7	NS	1.0	NS	0.5	NS	1.1	NS
Monthly Average	0.6	0.9	1.0	1.1	0.7	0.7	0.9	0.7	0.6	1.0	0.9	0.9

NS- Not Scheduled for sampling

Running Annual Average (mg/L) **0.8** (Total Residual Chlorine)
MRDL (mg/L) **4.0**