Environmental and Waste Management Services

BROOKHAVEN
NATIONAL LABORATORY

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

November 4, 2004

Ms. Kathleen Newcomer
Suffolk County Department of Health Services
Drinking Water Supply Section
220 Rabro Drive East
Hauppauge, New York 11788

Dear Ms. Kathleen Newcomer:

Subject: Monthly Water Treatment Plant Reports
Reference: Suffolk County Minimum Monitoring Requirements for October 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 for October.
Attachment II:	October 2004 Biweekly Water Quality Monitoring Data for the BNL Distribution System.
Attachment III:	October 2004 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data and Bacteriological Analyses for the BNL Distribution System.
Attachment IV:	2004 Fourth Quarter Bacteriological Analyses for the BNL Potable Water Wells and GAC/Air Stripper Treatment Systems.

A positive bacteriological sample result was received for the Bldg. 648 sampling conducted on October 8, 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 October 12, 2004, after the Bldg. 648 Packed Tower sampling port was taken apart and disinfected. 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 is 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

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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 for October 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: OCTOBER 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	180	per 24hrs	mg/l	Hydroxide	13232572
1	1,176	169	11	0.91	7.6	13233748
2	0					
3	0					
4	2,155	145	20	0.79	7.5	13235903
5	722	135	10	0.75	7.3	13236625
6	700	125	10	0.85	7.5	13237325
7	747	120+80	5	0.8	7.4	13238072
8	572	185	15	0.89	7.5	13238644
9	0					
10	0					
11	1,994	160	25	0.8	7.6	13240638
12	611	150	10	0.88	7.5	13241249
13	717	142	8	0.82	7.6	13241966
14	697	135	7	0.84	7.6	13242663
15	674	130	5	0.84	7.6	13243337
16	0					
17	0					
18	2,250	112	18	1.7	7.1	13245587
19	772	109	3	1.1	7.2	13246359
20	676	105	4	0.82	7.2	13247035
21	689	104	1	0.66	7.3	13247724
22	703	104	0	0.43	7.5	13248427
23	0					
24	0					
25	2,037	90+110	14	0.78	7.4	13250464
26	817	184	16	0.8	7.5	13251281
27	1,036	175	9	0.85	7.6	13252317
28	713	170	5	0.5	7.5	13253030
29	660	164	6	1.1	7.5	13253690
30	0					
31	0					
TOT	21,118		202			
AVG.	681.23		6.52	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: 11-1-04

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: OCTOBER 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					
3	0					
4	0	0	0	NR	NR	1648622
5	0	0	0	NR	NR	1648622
6	0	0	0	NR	NR	1648622
7	0	0	0	NR	NR	1648622
8	0	0	0	NR	NR	1648622
9	0					
10	0					
11	0	0	0	NR	NR	1648622
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					
17	0					
18	0	0	0	NR	NR	1648622
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					
24	0					
25	0	0	0	NR	NR	1648622
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					
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: Sd Rem

Date: 11-1-04

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: OCTOBER 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	117	per 24hrs	mg/l	Hydroxide	1519582
1	1,253	90	27	0.3	6.2	1520835
2	0					
3	0					
4	2,144	45	45	0.31	6	1522979
5	751	15+135	30	0.3	6	1523730
6	970	132	18	0.2	6	1524700
7	987	108+42	24	0.05	6.1	1525687
8	763	136	14	0.08	6.1	1526450
9	0					
10	0					
11	2,851	75	59	0.21	6.1	1529301
12	787	60	15	0.03	6	1530088
13	976	33+67	27	0.07	6.1	1531064
14	907	72	28	0.21	6.1	1531971
15	974	45+105	27	0.07	6.1	1532945
16	0					
17	0					
18	2,534	72	78	1.7	6.1	1535479
19	864	38	34	1.4	6	1536343
20	775	26+124	12	1.3	6.1	1537118
21	758	132	18	1.5	6	1537876
22	462	120	12	0.43	6	1538338
23	0					
24	0					
25	2,637	99+51	21	0.12	6.1	1540975
26	875	132	16	0.21	6.1	1541850
27	1,318	114	18	0.4	6.1	1543168
28	801	99+51	15	0.78	6	1543969
29	882	138	12	0.9	6.1	1544851
30	0					
31	0					
TOT	25,269		550			
AVG.	815.13		17.74	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: 11-1-04

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: OCTOBER 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	770112
1	0	38	0	NR	NR	770112
2	0					
3	0					
4	0	38	0	NR	NR	770112
5	0	38	0	NR	NR	770112
6	0	38	0	NR	NR	770112
7	0	38	0	NR	NR	770112
8	0	38	0	NR	NR	770112
9	0					
10	0					
11	277	38	0	NR	NR	770389
12	0	38	0	NR	NR	770389
13	0	38	0	NR	NR	770389
14	0	38	0	NR	NR	770389
15	0	38	0	NR	NR	770389
16	0					
17	0					
18	0	38	0	NR	NR	770389
19	0	38	0	NR	NR	770389
20	0	38	0	NR	NR	770389
21	0	38	0	NR	NR	770389
22	0	38	0	NR	NR	770389
23	0					
24	0					
25	0	38	0	NR	NR	770389
26	0	38	0	NR	NR	770389
27	0	38	0	NR	NR	770389
28	0	38	0	NR	NR	770389
29	0	38	0	NR	NR	770389
30	0					
31	0					
TOT	277		0			
AVG.	8.94		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.

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____ Failure to analyze repeat samples.

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

Reported by: [signature]

Date: 11-4-04

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: OCTOBER 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	102	per 24hrs	mg/l	Hydroxide	611688
1	0	102	0	NR	NR	611688
2	0					
3	0					
4	1,557	102	0	NR	NR	613245
5	0	102	0	NR	NR	613245
6	33	102	0	NR	NR	613278
7	0	102	0	NR	NR	613278
8	84	102	0	NR	NR	613362
9	0					
10	0					
11	23	96	6	NR	NR	613385
12	0	96	0	NR	NR	613385
13	48	96	0	NR	NR	613433
14	1	96	0	NR	NR	613434
15	27	96	0	NR	NR	613461
16	0					
17	0					-
18	0	96	0	NR	NR	613461
19	0	96	0	0.43	7.1	613461
20	1	96	0	NR	NR	613462
21	0	96	0	NR	NR	613462
22	0	96	0	NR	NR	613462
23	0					
24	0					
25	0	96	0	NR	NR	613462
26	0	96	0	NR	NR	613462
27	435	78	18	NR	NR	613897
28	296	69	9	0.4	6.3	614193
29	65	69	0	NR	NR	614258
30	0					
31	0					
TOT	2,570		33			
AVG.	82.90		1.06	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.

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Reported by: [signature]

Date 11-1-04

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: OCTOBER 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	
Day of month	Treated Water K Gals	Liquid Sodium Hypochlorite Gallons 66	Cl2 use per 24hrs	Free Cl2 Residual mg/l	__ Lime __ Sodium Hydroxide	Totalizer Daily Totalizer 694294
1	1	66	0	NR	NR	694295
2	0					
3	0					
4	0	66	0	NR	NR	694295
5	0	66	0	NR	NR	694295
6	22	66	0	NR	NR	694317
7	0	66	0	NR	NR	694317
8	80	66	0	NR	NR	694397
9	0					
10	0					
11	41	63	3	NR	NR	694438
12	0	63	0	NR	NR	694438
13	0	63	0	NR	NR	694438
14	0	63	0	0.32	7.1	694438
15	2	63	0	NR	NR	694440
16	0					
17	0					
18	0	63	0	NR	NR	694440
19	0	63	0	6	7.4	694440
20	1	63	0	NR	NR	694441
21	0	63	0	NR	NR	694441
22	0	63	0	NR	NR	694441
23	0					
24	0					
25	0	63	0	NR	NR	694441
26	3	63	0	NR	NR	694444
27	119	63	0	NR	NR	694563
28	68	57	6	0.04	6.7	694631
29	66	57	0	NR	NR	694697
30	0					
31	0					
TOT	403		9			
AVG.	13.00		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.

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

Reported by: [signature]

Date: 11-1-04

Title: **Water Systems Supervisor**

Certification No. **NY0031941**

11/1/2004
Pump Data

MONTHLY GALLONAGE REPORT
OCTOBER2004.XLS

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	344	1,253	0	0	1	1,598
2	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0
4	0	883	2,144	0	1,557	0	4,584
5	0	284	751	0	0	0	1,035
6	0	483	970	0	33	22	1,508
7	0	557	987	0	0	0	1,544
8	0	350	763	0	84	80	1,277
9	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0
11	0	1,559	2,851	277	23	41	4,751
12	0	279	787	0	0	0	1,066
13	0	448	976	0	48	0	1,472
14	0	482	907	0	1	0	1,390
15	0	592	974	0	27	2	1,595
16	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0
18	0	1,257	2,534	0	0	0	3,791
19	0	383	864	0	0	0	1,247
20	0	359	775	0	1	1	1,136
21	0	335	758	0	0	0	1,093
22	0	269	462	0	0	0	731
23	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0
25	0	1,155	2,637	0	0	0	3,792
26	0	288	875	0	0	3	1,166
27	0	613	1,318	0	435	119	2,485
28	0	308	801	0	296	68	1,473
29	0	448	882	0	65	66	1,461
30	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0
Total	0	11,676	25,269	277	2,570	403	40,195

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	1,648,622	1,648,622	0
Well 6	496,531	484,855	11,676
Well 7	1,544,851	1,519,582	25,269
Well 10	770,389	770,112	277
Well 11	614,258	611,688	2,570
Well 12	694,697	694,294	403
AGS Water Supply Meter	508,430	507,327	1103.00
Medical Reactor - Well 105			0.00
Biology Building - Well 9	6,792,770	6,792,770	0.00

ATTACHMENT II

Brookhaven National Laboratory

Potable Water Supply

October 2004 Biweekly Water Quality Monitoring Data

for the BNL Distribution System

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

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	10/5/04	7.3	54	144	ANR	ANR
WTP	10/7/04	7.4	53	144	ANR	ANR
WTP	10/12/04	7.5	54	135	ANR	ANR
WTP	10/14/04	7.6	56	145	ANR	ANR
WTP	10/19/04	7.2	54	143	ANR	ANR
WTP	10/21/04	..7.3	57	151	ANR	ANR
WTP	10/26/04	7.5	55	146	ANR	ANR
WTP	10/28/04	7.5	56	144	ANR	ANR
Well #11	10/5/04	6.2	55	132	ANR	ANR
Well #11	10/7/04	7.3	55	148	ANR	ANR
Well #11	10/12/04	NR	NR	NR	ANR	ANR
Well #11	10/14/04	6.1	56	147	ANR	ANR
Well #11	10/19/04	7.1	52	212	ANR	ANR
Well #11	10/21/04	NR	NR	NR	ANR	ANR
Well #11	10/26/04	7.0	55	148	ANR	ANR
Well #11	10/28/04	6.3	56	149	ANR	ANR
Well #12	10/5/04	6.7	56	183	ANR	ANR
Well #12	10/7/04	6.9	56	186	ANR	ANR
Well #12	10/12/04	NR	NR	NR	ANR	ANR
Well #12	10/14/04	7.1	56	149	ANR	ANR
Well #12	10/19/04	7.4	52	185	ANR	ANR
Well #12	10/21/04	NR	NR	NR	ANR	ANR
Well #12	10/26/04	7.0	56	150	ANR	ANR
Well #12	10/28/04	6.7	58	189	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

October 2004 Stage 1 Disinfectants & Disinfection Byproduct Rule

Monitoring Data and Bacteriological Analyses for the BNL Distribution System

Attachment III

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

	Total Residual Chlorine (mg/L)											
Location	**Nov. 03**	**Dec. 03**	**Jan. 04**	**Feb. 04**	**Mar. 04**	**Apr. 04**	**May 04**	**June 04**	**July 04**	**Aug. 04**	**Sept. 04**	**Oct. 04**
Bldg. 49 Water Tower	0.9	0.9	0.8	0.7	1.1	1.0	1.0	0.8	0.8	1.0	0.7	0.8
Bldg. 640 Water Tower	0.9	0.8	0.9	0.6	1.1	0.6	1.0	0.6	0.5	0.5	0.3	0.6
Bldg. 363 Apt. Laundry	0.5	0.9	0.4	0.5	0.9	0.3	0.8	0.4	0.6	0.5	0.6	0.5
Bldg. 1005 RHIC	0.6	1.0	0.4	0.7	0.5	0.4	0.6	0.5	0.6	0.5	0.5	0.5
Bldg. 930 LINAC	0.9	NS	0.8	NS	1.1	NS	0.9	NS	0.8	NS	0.9	NS
Bldg. 725 NSLS	NS	0.6	NS	0.5	NS	1.7	NS	0.8	NS	0.9	NS	0.7
Bldg. 490 Outpatient Clinic	0.6	NS	0.8	NS	1.0	NS	1.0	NS	0.8	NS	0.7	NS
Bldg. 490 Block 11	0.4	NS	0.8	NS	1.0	NS	1.0	NS	0.6	NS	0.3	NS
Bldg. 490 Block 1 ACF	NS	0.8	NS	0.5	NS	1.0	NS	0.6	NS	0.4	NS	0.8
Bldg. 490 Block 4 MRC	NS	1.0	NS	0.5	NS	1.1	NS	0.6	NS	0.9	NS	0.7
Bldg. 648 Packed Tower*	NA	NA	NA	NA	NA	NA	NA	NA	0.9	NA	NA	< 0.1
WTP Influent*	NA	NA	NA	NA	NA	NA	NA	NA	0.7	NA	NA	0.4
WTP Effluent (Finished Water)*	NA	NA	NA	NA	NA	NA	NA	NA	0.8	NA	NA	1.0
Bldg. 363 Apt. Laundry*	NA	NA	NA	NA	NA	NA	NA	NA	0.5	NA	NA	0.8
Monthly Average	0.7	0.9	0.7	0.6	1.0	0.9	0.9	0.6	0.7	0.7	0.6	0.7

NA - Not Applicable

NS- Not Scheduled for sampling

* Chlorine concentrations from 10/12/04 sampling due to positive total coliform sampling at Bldg. 648 on 10/8/04

Running Annual Average (mg/L) **0.7** (Total Residual Chlorine)
MRDL (mg/L) **4.0**

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. : 0410255-001A

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

Federal ID 5111891
Client ID. : 19613-001
Collected : 10/8/04 8:45:00 AM
Point No : 094-273
Received : 10/8/04 3:25:00 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	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	10/08/2004

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

Date Reported :

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. : 0410255-002A

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

Federal ID 5111891
Collected : 10/8/04 9:10:00 AM
Received : 10/8/04 3:25:00 PM
Collected By : CLIENT
Copy : Original
CC

Point No : 076-408
Location : B-640 Water Tower

Client ID. : 19613-002

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	10/08/2004

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

Date Reported :

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. : 0410255-003A

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

Federal ID 5111891
Collected : 10/8/04 8:50:00 AM
Received : 10/8/04 3:25:00 PM
Collected By : CLIENT
Copy : **Original**
CC

Client ID. : 19613-003
Point No : 109-19
Location : B-363 Apt.Laundry

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	10/08/2004

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

Date Reported :

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. : 0410255-004A

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

Federal ID 5111891
Client ID. : 19613-004
Collected : 10/8/04 9:25:00 AM
Point No : 045-12
Received : 10/8/04 3:25:00 PM
Location : B-1005 RHIC
Collected By : CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	10/08/2004

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

Date Reported :

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. : 0410255-005A

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

Federal ID 5111891
Client ID. : 19613-005
Collected : 10/8/04 10:10:00 AM
Point No : 075-602
Received : 10/8/04 3:25:00 PM
Location : B-725 NSLS
Collected By : CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.7	mg/L		M4500-Cl G	10/08/2004

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

Date Reported :

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. : 0410255-006A

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

Federal ID 5111891
Collected : 10/8/04 10:30:00 AM
Received : 10/8/04 3:25:00 PM
Collected By : CLIENT
Copy : Original
CC

Client ID. : 19613-006
Point No : 084-69
Location : B-490 Block 1 ACF

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	10/08/2004

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

Date Reported :

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. : 0410255-007A

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

Federal ID 5111891
Client ID. : 19613-007
Collected : 10/8/04 10:35:00 AM
Point No : 084-68
Received : 10/8/04 3:25:00 PM
Location : B-490 Block 4 MRC
Collected By : CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.7	mg/L		M4500-Cl G	10/08/2004

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

Date Reported :

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. : 0410255-008A

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

Federal ID 5111891
Collected : 10/8/04 10:35:00 AM
Received : 10/8/04 3:25:00 PM
Collected By : CLIENT
Copy : Original
CC

Client ID. : 19613-008
Point No : 1
Location : Duplicate
Bldg. 490 - Block 4 MRC - Duplicate

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.7	mg/L		M4500-Cl G	10/08/2004

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

Date Reported :

Joann M. Slavin
Laboratory Manager

ATTACHMENT IV

Brookhaven National Laboratory

Potable Water Supply

2004 Fourth Quarter Bacteriological Analyses

for the BNL Potable Water Wells

and GAC/Air Stripper Treatment Systems

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. : **0410255-009A**

Sample Information...
Type : Potable Water
Origin : Raw Well
Routine

Federal ID 5111891
Client ID. : 19613-009
Collected : 10/8/04 12:55:00 PM
Point No : 093-07
Received : 10/8/04 3:25:00 PM
Location : Well #6 Raw
Collected By : CLIENT
Copy : **Original**
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

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. : 0410255-010A

Sample Information...
Type : Potable Water
Origin : Raw Well
Routine

Federal ID 5111891
Collected : 10/8/04 12:45:00 PM
Received : 10/8/04 3:25:00 PM
Collected By : CLIENT
Copy : Original
CC

Point No : 092-03
Location : Well #7 Raw

Client ID. : 19613-010

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

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. : 0410255-022A

Sample Information...
Type : Potable Water
Origin : Raw Well
Routine

Federal ID 5111891
Collected : 10/8/04 10:45:00 AM
Received : 10/8/04 3:25:00 PM
Collected By : CLIENT
Copy : Original
CC

Client ID. : 19613-022
Point No : 055-09
Location : Well #10 Raw

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

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. : 0410255-011A

Sample Information...
Type : Potable Water
Origin : Raw Well
Routine

Federal ID 5111891
Collected : 10/8/04 11:00:00 AM
Received : 10/8/04 3:25:00 PM
Collected By : CLIENT
Copy : Original
CC

Point No : 056-19
Location : Well #11 Raw

Client ID. : 19613-011

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

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. : 0410255-012A

Sample Information...
Type : Potable Water
Origin : Raw Well
Routine

Federal ID 5111891
Collected : 10/8/04 11:07:00 AM
Received : 10/8/04 3:25:00 PM
Collected By : CLIENT
Copy : Original
CC

Client ID. : 19613-012
Point No : 056-20
Location : Well #12 Raw

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

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. : 0410255-020A

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

Federal ID 5111891
Client ID. : 19613-020
Collected : 10/8/04 10:45:00 AM
Point No : 055-36
Received : 10/8/04 3:25:00 PM
Location : Well #10 Gac Filter 654
Collected By : CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

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. : 0410255-013A

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

Federal ID 5111891
Client ID. : 19613-013
Collected : 10/8/04 1:10:00 PM
Point No : 073-20
Received : 10/8/04 3:25:00 PM
Location : Wtf Packed Tower 648
Collected By : CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
* Total Coliform	* Positive		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

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. : **0410255-015A**

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

Federal ID 5111891
Client ID. : 19613-015
Collected : 10/8/04 11:00:00 AM
Point No : 056-31
Received : 10/8/04 3:25:00 PM
Location : Well #11 Gac Filter 655
Collected By : CLIENT
Copy : **Original**
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

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. : 0410255-016A

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

Federal ID 5111891
Collected : 10/8/04 11:07:00 AM
Received : 10/8/04 3:25:00 PM
Collected By : CLIENT
Copy : Original
CC

Client ID. : 19613-016
Point No : 056-32
Location : Well #12 Gac Filter 657

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

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. : 0410390-001A

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

Federal ID 5111891
Collected : 10/12/04 4:00:00 PM
Received : 10/13/04 3:30:00 PM
Collected By : CLIENT
Copy : **Original**
CC

Client ID. : 19756-001
Point No : 073-20
Location : Wtf Packed Tower 648

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/13/2004 4:00 PM
E_Coliform	Absent		Absent	M9223	10/13/2004 4:00 PM
Total Residual Chlorine	< 0.10	mg/L		M4500-Cl G	10/13/2004

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

Date Reported : 10/15/04

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. : 0410390-002A

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

Federal ID 5111891
Collected : 10/12/04 2:30:00 PM
Received : 10/13/04 3:30:00 PM
Collected By : CLIENT
Copy : Original
CC

Point No : 073-400
Location : F1 WTP Influent

Client ID. : 19756-002

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/13/2004 4:00 PM
E_Coliform	Absent		Absent	M9223	10/13/2004 4:00 PM
Total Residual Chlorine	0.4	mg/L		M4500-Cl G	10/13/2004

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

Date Reported : 10/15/04

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. : 0410390-003A

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

Federal ID 5111891
Client ID. : 19756-003
Collected : 10/12/04 2:35:00 PM
Point No : 073-401
Received : 10/13/04 3:30:00 PM
Location : F2 WTP Effluent
Collected By : CLIENT
Copy : Original
CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/13/2004 4:00 PM
E_Coliform	Absent		Absent	M9223	10/13/2004 4:00 PM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	10/13/2004

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

Date Reported : 10/15/04

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. : 0410390-004A

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

Federal ID 5111891
Client ID. : 19756-004
Collected : 10/12/04 3:30:00 PM
Point No : 109-19
Received : 10/13/04 3:30:00 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	10/13/2004 4:00 PM
E_Coliform	Absent		Absent	M9223	10/13/2004 4:00 PM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	10/13/2004

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

Date Reported : 10/15/04

Joann M. Slavin

Laboratory Manager