



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

October 9, 2009

Ms. Kathleen Newcomer
Suffolk County Department of Health Services
Office of Water Resources
Bureau of Drinking Water
Suite 1C
360 Yaphank Avenue
Yaphank, New York 11980

Dear Ms. Kathleen Newcomer:

Subject: Monthly Water Treatment Plant Reports
Reference: Suffolk County Minimum Monitoring Requirements for September 2009

In accordance with the requirements of the BNL Potable Water System Sampling Plan and the 2009 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 September.
- Attachment II: September 2009 Biweekly and Semi-Annual Water Quality Monitoring Data for the BNL Distribution System and Potable Water Wells.
- Attachment III: September 2009 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data and Bacteriological Analyses for the BNL Distribution System.

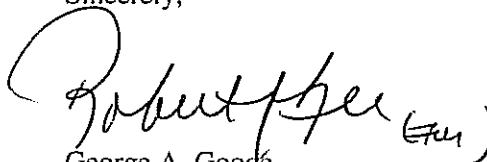
Collection and analysis of these samples is performed in accordance with the guidelines of the BNL Quality Assurance program, the SCDHS Community Water Supply Monitoring Requirements, and the BNL Potable Water System Sampling Plan. Plant Engineering Division personnel using standard operating procedures collect routine monitoring samples; a contractor laboratory using standard methods of analysis performs the subsequent analyses. The Quality Assurance documentation is available from the Environmental Protection 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 and review of the analytical data shows that BNL's potable water system complied with all drinking water requirements during this reporting period.



Registered to
ISO 14001

Should there be any questions regarding this report or the analytical or operational data contained herein, please call either J. Higbie at (631) 344-5919, R. Lee at (631) 344-3148, or W. Chaloupka at (631) 344-7136.

Sincerely,



George A. Goode
Manager, Environmental Protection Division

GAG/RJL:jlh
Attachments: As noted

cc:	W. Chaloupka	w/attachments
	D. Feldman, SCDHS	w/attachments
	G. Granzen	w/attachments
	G. Goode	w/o attachments
	J. Higbie	w/attachments
	R. Lee	w/attachments
	E. Murphy	w/attachments
	C. Parnell	w/o attachments
	J. Hime, SCDHS	w/o attachments
	L. Ross	w/o attachments

File: EC61ER.09

ATTACHMENT I

Brookhaven National Laboratory

Potable Water Supply

Monthly Operational Data for September 2009

for the BNL Potable Water System

Public Water System Name Brookhaven National Laboratory	Reporting Month/Year SEPT 2009	Date Report Submitted 9/30/2009	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWA01
Public Water System ID 5111891	County Suffolk	Town, Village, or City Upton, New York 11973	<input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) In Use Well(s) No.:	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings				
			Gaseous		Liquid		Free chlorine residual at entry point (mg/l) (WTF-624)	Hypochlorite used/day (WTF - 624)	pH Lime Softening (WTF-624)	pH (Incoming RAW Water)	Daily Totalizer
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)						
					130					1,319,280	
1	7+6+4	802	NA	NA	120	1.50	10	7.8	5.9	1,320,082	
2	4+6+7	879	NA	NA	110	0.91	10	7.8	6.2	1,320,961	
3	4+6+7	551	NA	NA	103	0.70	7	7.9	6.1	1,321,512	
4	7+6+4	419	NA	NA	100	0.83	3	7.9	6.0	1,321,931	
5	7+6+4	409	NA	NA	90	1.06	10	7.7	6.0	1,322,340	
6		-	NA	NA							
7		-	NA	NA							
8	4+6+7	1,264	NA	NA	80	1.16	10	8.1	6.0	1,323,604	
9	4+6+7	433	NA	NA	75	1.30	10	7.8	6.1	1,324,037	
10	4+6+7	454	NA	NA	68	0.74	7	7.7	6.0	1,324,491	
11	4+6+7	441	NA	NA	65	0.86	3	7.7	6.0	1,324,932	
12		-	NA	NA							
13		-	NA	NA							
14	7+6+4	330	NA	NA	45	0.60	20	7.4	6.1	1,325,262	
15	7+6+4	800	NA	NA	42	0.78	3	7.4	6.1	1,326,062	
16	7+6+4	946	NA	NA	190	1.00		7.4	6.1	1,327,008	
17	7+6+4	960	NA	NA	182	0.88	8	7.3	6.1	1,327,968	
18	7+6+4	851	NA	NA	178	0.75	4	7.3	6.1	1,328,819	
19		-	NA	NA							
20		-	NA	NA							
21	4+6+7	2,271	NA	NA	155	0.80	23	7.6	5.9	1,331,090	
22	4+6+7	857	NA	NA	150	0.84	5	7.5	6.0	1,331,947	
23	4+6+7	892	NA	NA	145	1.36	5	7.5	6.1	1,332,839	
24	7+6	418	NA	NA	140	0.66	5	7.6	6.0	1,333,257	
25	7+6	429	NA	NA	135	0.79	5	7.9	6.0	1,333,686	
26		-	NA	NA							
27		-	NA	NA							
28	7+6	1,055	NA	NA	120	0.46	15	7.8	5.9	1,334,741	
29	7+6	373	NA	NA	120	0.53		7.6	5.9	1,335,114	
30	7+6	366	NA	NA	117		3	7.8	6.0	1,335,480	
31		-	NA	NA							
Total		16,200	DAYS	30			166				
AVG.		522.58				0.88	7.55				

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941

Signature: *Lowell Ross* Date: 10-6-09 Operator Grade Level: 1A-SW/GUI

Public Water System Name Brookhaven National Laboratory	Reporting Month/Year SEPT 2009	Date Report Submitted 9/30/2009	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID 5111891	County Suffolk	Town, Village, or City Upton, New York 11973	<input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 4	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings			Daily Totalizer
			Gaseous		Liquid		Free chlorine residual at entry point (mg/l)	Hypochlorite used/day		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					150				1,914,005	
1	4		NA	NA	150	0.59			1,914,091	
2	4		NA	NA	150	2.20			1,914,244	
3	4	225	NA	NA	135+15	0.26	15		1,914,469	
4	4	121	NA	NA	150	0.31			1,914,590	
5	4	-	NA	NA	150	0.51			1,914,590	
6		-	NA	NA						
7		-	NA	NA						
8	4	-	NA	NA	150	0.60			1,914,590	
9	4	502	NA	NA	135	1.90	15		1,915,092	
10	4	410	NA	NA	118	1.60	17		1,915,502	
11	4	469	NA	NA	105+45	0.86	13		1,915,971	
12		-	NA	NA						
13		-	NA	NA						
14	4	191	NA	NA	138	0.56	12		1,916,162	
15	4	54	NA	NA	138	0.61			1,916,216	
16	4	61	NA	NA	135	0.56	3		1,916,277	
17	4	31	NA	NA	134	0.52	1		1,916,308	
18	4	42	NA	NA	134	0.66			1,916,350	
19		-	NA	NA						
20		-	NA	NA						
21	4	92	NA	NA	132	0.06	2		1,916,442	
22	4	631	NA	NA	114	0.12	18		1,917,073	
23	4	632	NA	NA	93	0.67	21		1,917,705	
24	4	25	NA	NA	93	0.05			1,917,730	
25	4	-	NA	NA	93	0.42			1,917,730	
26		-	NA	NA						
27		-	NA	NA						
28	4	-	NA	NA	93				1,917,730	
29	4	-	NA	NA	93				1,917,730	
30	4	-	NA	NA	93				1,917,730	
31		-	NA	NA						
Total		3,486	DAY'S	30			117			
AVG.		120.21				0.62	9.75			

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941
 Signature: [Signature] Date: 10-6-09 Operator Grade Level 1A-SW/GUI

Public Water System Name Brookhaven National Laboratory	Reporting Month/Year SEPT 2009	Date Report Submitted 9/30/2009	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID 5111891	County Suffolk	Town, Village, or City Upton, New York 11973	<input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 6	Treated water volume (1,000 gallons/day)	Chlorination				Free chlorine residual at entry point (mg/l)	Other Treatments / Readings			Daily Totalizer
			Gaseous		Liquid	Hypochlorite used/day					
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)						
					126					772,288	
1	6	241	NA	NA	117	0.11	9			772,529	
2	6	193	NA	NA	111	2.20	6			772,722	
3	6	115	NA	NA	108+42	0.26	3			772,837	
4	6	32	NA	NA	147	0.31	3			772,869	
5	6	-	NA	NA	147	0.51				772,869	
6		-	NA	NA							
7		-	NA	NA							
8	6	-	NA	NA	147	0.60				772,869	
9	6	-	NA	NA	147	1.90				772,869	
10	6	2	NA	NA	147	1.60				772,871	
11	6	-	NA	NA	147	0.86				772,871	
12		-	NA	NA							
13		-	NA	NA							
14	6	-	NA	NA	147	0.56				772,871	
15	6	316	NA	NA	135	0.61	12			773,187	
16	6	271	NA	NA	126	0.56	9			773,458	
17	6	322	NA	NA	115	0.52	11			773,780	
18	6	269	NA	NA	108	0.66	7			774,049	
19		-	NA	NA							
20		-	NA	NA							
21	6	586	NA	NA	93	0.06	15			774,635	
22	6	359	NA	NA	81	0.12	12			774,994	
23	6	346	NA	NA	69	0.67	12			775,340	
24	6	550	NA	NA	51+99=150	0.05	18			775,890	
25	6	78	NA	NA	147	0.42	3			775,968	
26		-	NA	NA							
27		-	NA	NA							
28	6	-	NA	NA	144	0.12	3			775,968	
29	6	-	NA	NA	144	0.14				775,968	
30	6	-	NA	NA	144					775,968	
31		-	NA	NA							
Total		3,680	DAT'S	30			123				
AVG.		118.71				0.61	8.2				

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941

Signature: *Lowell Ross* Date: 10-6-09 Operator Grade Level 1A-SW/GUI

Public Water System Name Brookhaven National Laboratory	Reporting Month/Year SEPT 2009	Date Report Submitted 9/30/2009	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID 5111891	County Suffolk	Town, Village, or City Upton, New York 11973	<input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 7	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings			Daily Totalizer
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)	Hypochlorite used/day			
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					96					2,859,409
1	7	710	NA	NA	81	0.11	15			2,860,119
2	7	693	NA	NA	63	2.20	18			2,860,812
3	7	335	NA	NA	54+96	0.26	9			2,861,147
4	7	377	NA	NA	141	0.31	9			2,861,524
5	7	463	NA	NA	129	0.51	12			2,861,987
6		-	NA	NA						
7		-	NA	NA						
8	7	1,396	NA	NA	100	0.60	29			2,863,383
9	7	18	NA	NA	98	1.90	2			2,863,401
10	7	3	NA	NA	98	1.60				2,863,404
11	7	-	NA	NA	98+49	0.86				2,863,404
12		-	NA	NA						
13		-	NA	NA						
14	7	-	NA	NA	147	0.56				2,863,404
15	7	755	NA	NA	126	0.61	21			2,864,159
16	7	822	NA	NA	105	0.56	21			2,864,981
17	7	879	NA	NA	81	0.52	24			2,865,860
18	7	846	NA	NA	63	0.66	18			2,866,706
19		-	NA	NA						
20		-	NA	NA						
21	7	2,213	NA	NA	EMPTY	0.06	63			2,868,919
22	7	155	NA	NA		0.12				2,869,074
23	7	24	NA	NA		0.67				2,869,098
24	7	-	NA	NA	150	0.05				2,869,098
25	7	402	NA	NA	138	0.42	12			2,869,500
26		-	NA	NA						
27		-	NA	NA						
28	7	1,108	NA	NA	120	0.12	18			2,870,608
29	7	402	NA	NA	114+30	0.14	6			2,871,010
30	7	544	NA	NA	135	0.17	9			2,871,554
31		-	NA	NA						
Total		12,145	DAY'S	30			286			
AVG.		391.77				0.59	17.875			

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941

Signature: *Lowell Ross* Date: 10-6-09

Operator Grade Level 1A-SW/GUI

Public Water System Name Brookhaven National Laboratory	Reporting Month/Year SEPT 2009	Date Report Submitted 9/30/2009	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID 5111891	County Suffolk	Town, Village or City Upton, New York 11973	<input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 10	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings			
			Gaseous		Liquid		Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	pH Sodium Hypochloride	Daily Totalizer
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					141					815,920
1	10	-	NA	NA	141	NA	NA			815,920
2	10	-	NA	NA	141	NA	NA			815,920
3	10	-	NA	NA	141+9	NA	NA			815,920
4	10	191	NA	NA	147	NA	3			816,111
5	10	27	NA	NA	147	0.83				816,138
6		-	NA	NA						
7		-	NA	NA						
8	10	-	NA	NA	147	NR				816,138
9	10	6	NA	NA	147	NR	NR			816,144
10	10	5	NA	NA	147	NR	NR			816,149
11	10	-	NA	NA	147	NR	NR			816,149
12		-	NA	NA						
13		-	NA	NA						
14	10	15	NA	NA	147	NR	NR			816,164
15	10	-	NA	NA	147	NR	NR			816,164
16	10	-	NA	NA	147	NR	NR			816,164
17	10	-	NA	NA	147	NR	NR			816,164
18	10	-	NA	NA	147	NR	NR			816,164
19		-	NA	NA						
20		-	NA	NA						
21	10	-	NA	NA	147	NR	NR			816,164
22	10	-	NA	NA	147	NR	NR			816,164
23	10	-	NA	NA	147	NR	NR			816,164
24	10	-	NA	NA	147	NR	NR			816,164
25	10	-	NA	NA	147	NR	NR			816,164
26		-	NA	NA						
27		-	NA	NA						
28	10	-	NA	NA	147	NR	NR			816,164
29	10	-	NA	NA	147	NR	NR			816,164
30	10	-	NA	NA	147	NR	NR			816,164
31		-	NA	NA						
Total		244	DAY'S	30.00	3075		3			
AVG.		7.87			146.4285714	0.83	3			

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941

Signature: [Signature] Date: 10-6-09

Operator Grade Level 1A-SW/GUI

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	SEPT 2009	9/30/2009	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> G.W.O.I
Public Water System ID	County	Town, Village, or City	<input type="checkbox"/> Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	<input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 11	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings			Daily Totalizer
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	pH Sodium Hypochloride		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					150				71,118	
1	11	-	NA	NA	150	NA	NA		71,118	
2	11	-	NA	NA	150	NA	NA		71,118	
3	11	369	NA	NA	142+8	NA	8		71,487	
4	11	348	NA	NA	147	NA	3		71,835	
5	11	494	NA	NA	140	1.39	7		72,329	
6		-	NA	NA						
7		-	NA	NA						
8	11	1,549	NA	NA	114	NR	26		73,878	
9	11	528	NA	NA	105	NR	9		74,406	
10	11	553	NA	NA	93	NR	12		74,959	
11	11	540	NA	NA	83+64	NR	10		75,499	
12		-	NA	NA						
13		-	NA	NA						
14	11	2,305	NA	NA	99	NR	53		77,804	
15	11	217	NA	NA	99	NR			78,021	
16	11	-	NA	NA	99	NR			78,021	
17	11	-	NA	NA	99	NR			78,021	
18	11	-	NA	NA	99	NR			78,021	
19		-	NA	NA						
20		-	NA	NA						
21	11	-	NA	NA	99	NR	NR		78,021	
22	11	-	NA	NA	99	NR	NR		78,021	
23	11	-	NA	NA	99	NR	NR		78,021	
24	11	525	NA	NA	90+54=144	NR	9		78,546	
25	11	511	NA	NA	138	NR	6		79,057	
26		-	NA	NA						
27		-	NA	NA						
28	11	1,295	NA	NA	120	0.68	18		80,352	
29	11	454	NA	NA	114	0.45	6		80,806	
30	11	448	NA	NA	108	NR	6		81,254	
31		-	NA	NA						
Total		10,136	DAY'S	30	2171		173			
AVG.		326.97			114.2631579	0.84	12.35714286			

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941

Signature: [Signature] Date: 10-6-09 Operator Grade Level 1A-SW/GUI

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	SEPT 2009	9/30/2009	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID	County	Town, Village, or City	<input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination
5111891	Suffolk	Upton, New York 11973	

DATE	Source(s) In Use Well No.: 12	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings			Daily Totalizer
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	pH Sodium Hypochloride		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
									869,261	
1	12		NA	NA					869,261	
2	12		NA	NA					869,261	
3	12		NA	NA					869,261	
4	12		NA	NA					869,261	
5	12		NA	NA	OOS				869,261	
6		-	NA	NA						
7		-	NA	NA						
8	12	-	NA	NA	OOS				869,261	
9	12	-	NA	NA	OOS				869,261	
10	12	-	NA	NA	OOS				869,261	
11	12	-	NA	NA	OOS				869,261	
12		-	NA	NA						
13		-	NA	NA						
14	12	-	NA	NA	OOS				869,261	
15	12	-	NA	NA	OOS				869,261	
16	12	-	NA	NA	OOS				869,261	
17	12	-	NA	NA	OOS				869,261	
18	12	-	NA	NA	OOS				869,261	
19		-	NA	NA						
20		-	NA	NA						
21	12	-	NA	NA	OOS				869,261	
22	12	-	NA	NA	OOS				869,261	
23	12	-	NA	NA	OOS				869,261	
24	12	-	NA	NA	OOS				869,261	
25	12	-	NA	NA	OOS				869,261	
26		-	NA	NA						
27		-	NA	NA						
28	12	-	NA	NA	OOS				869,261	
29	12	-	NA	NA	OOS				869,261	
30	12	-	NA	NA	OOS				869,261	
31		-	NA	NA						
Total		-	DAY'S	30						
AVG.		-								

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941
 Signature: [Signature] Date: 10-6-09 Operator Grade Level: 1A-SW/GUI

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served: <u>3,500</u>
B-49 WATER TOWER 094-273	9/10/2009	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	Number of microbiological monitoring samples required: <u>4</u>
B-640 WATER TOWER 076-408	10-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.5	Number of microbiological monitoring samples taken: <u>7</u> Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B 1005 RHIC 045-12	10-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.35	If "Yes," check reason (s) below: Actual number of samples is fewer than required Did not collect/analyze repeat sample. Did not collect/analyze for E. coli for positive total coliform from routine/repeat Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation). The original sample was E.coli positive and at least 1 repeat sample was positive for total Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection. As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.
B 363 APART. LAUNDRY 109-19	10-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	
B-930 LINAC 054-187	10-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.1	
B-490-Outpatient Clinic 084-70	10-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.64	
B-490-Block 11 084-67	10-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.85	
Field Duplicate Bldg. 490-Block 11 084-67	10-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.85	
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Sample Collector(s): (Name)

Name of NYSDOH Certified Laboratory: Eco Test Lab , 377 Sheffield Ave. N. Babylon NY

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain.

No

Comments:

PUMP DATA Sept 2009
(Month)

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	241	710	0	0	0	951
2	0	193	693	0	0	0	886
3	225	115	335	0	369	0	1,044
4	121	32	377	191	348	0	1,069
5	0	0	463	27	494	0	984
6	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0
8	0	0	1,396	0	1,549	0	2,945
9	502	0	18	6	528	0	1,054
10	410	2	3	5	553	0	973
11	469	0	0	0	540	0	1,009
12	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0
14	191	0	0	15	2,305	0	2,511
15	54	316	755	0	217	0	1,342
16	61	271	822	0	0	0	1,154
17	31	322	879	0	0	0	1,232
18	42	269	846	0	0	0	1,157
19	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0
21	92	586	2,213	0	0	0	2,891
22	631	359	155	0	0	0	1,145
23	632	346	24	0	0	0	1,002
24	25	550	0	0	525	0	1,100
25	0	78	402	0	511	0	991
26	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0
28	0	0	1,108	0	1,295	0	2,403
29	0	0	402	0	454	0	856
30	0	0	544	0	448	0	992
31	0	0	0	0	0	0	0
Total	3,486	3,680	12,145	244	10,136	0	29,691

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	1,917,730	1,914,005	3,725
Well 6	775,968	772,288	3,680
Well 7	2,871,554	2,859,409	12,145
Well 10	816,164	815,920	244
Well 11	81,254	71,118	10,136
Well 12	869,261	869,261	0

AGS Water Supply Meter	890,798	888,808	1990.00
Biology Building - Well 9	6,795,450	6,795,440	0.01

ATTACHMENT II

Brookhaven National Laboratory

Potable Water Supply

September 2009 Biweekly and Semi-Annual 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
September 2009

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	9/3/09	7.9	58	161	ANR	ANR
WTP	9/8/09	8.1	58	160	ANR	ANR
WTP	9/10/09	7.7	59	153	ANR	ANR
WTP	9/15/09	7.4	59	181	ANR	ANR
WTP	9/17/09	7.3	59	160	ANR	ANR
WTP	9/22/09	7.5	59	164	ANR	ANR
WTP	9/24/09	7.6	57	175	ANR	ANR
WTP	9/29/09	7.6	58	158	ANR	ANR
Well 10	9/29/09	7.2	58	207	ANR	ANR
Well 11	9/29/09	6.9	58	202	ANR	ANR
Well 4	9/10/09	5.4	64	142.5	18	5.1
Well 6	9/10/09	5.6	65	148.5	16	5.3
Well 7	9/10/09	5.7	62	154	18	5.8
Well 10	9/10/09	6.8	62	196.8	42	8.6
Well 11	9/10/09	5.8	60	151.7	24	7.1

ANR- Analysis Not Required

NR- Not Reported

Note: Field parameters are only conducted for facilities that are in operation on the day of measurement.

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377 SHEFFIELD AVE. • N. BABYLON, N.Y. 11703 • (631) 422-5777 • FAX (631) 422-5770

Email: ecotestlab@aol.com Website: www.ecotestlabs.com

LAB NO. 293838.13

09/23/09

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000

ATTN: William Chaloupka

PO#: 07932

SOURCE OF SAMPLE: 083-20

SOURCE OF SAMPLE: 26429

COLLECTED BY: Client

DATE COL'D: 09/10/09 RECEIVED: 09/10/09

TIME COL'D: 0625

MATRIX: W

SAMPLE: W-4 RAW

26429-013

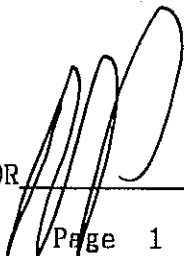
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME		ANALYTICAL	
			FLAG OF ANALYSIS	LRL	METHOD	
Calcium as Ca	mg/L	5.1	091509	0.2	EPA200.7	
Alkalinity tot CaCo3	mg/L	18	091509	2	182320B	

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS:

DIRECTOR



rn = 21279

NYSDOH ID # 10320

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ENVIRONMENTAL TESTING

377 SHEFFIELD AVE. • N. BABYLON, N.Y. 11703 • (631) 422-5777 • FAX (631) 422-5770

Email: ecotestlab@aol.com Website: www.ecotestlabs.com

LAB NO.293838.09

09/23/09

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000

ATTN: William Chaloupka

PO#:07932

SOURCE OF SAMPLE: 093-07

SOURCE OF SAMPLE: 26429

COLLECTED BY: Client

DATE COL'D:09/10/09 RECEIVED:09/10/09

TIME COL'D:0605

MATRIX:W

SAMPLE: W-6 RAW
26429-009

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
Calcium as Ca	mg/L	5.3	091509	0.2	EPA200.7
Alkalinity tot CaCo3	mg/L	16	091509	2	182320B

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit.

REMARKS:

DIRECTOR 

rn = 21275

NYSDOH ID # 10320

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ENVIRONMENTAL TESTING

377 SHEFFIELD AVE. • N. BABYLON, N.Y. 11703 • (631) 422-5777 • FAX (631) 422-5770

Email: ecotestlab@aol.com Website: www.ecotestlabs.com

LAB NO.293838.10

09/23/09

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000

ATTN: William Chaloupka

PO#:07932

SOURCE OF SAMPLE: 092-03

SOURCE OF SAMPLE: 26429

COLLECTED BY: Client

DATE COL'D:09/10/09 RECEIVED:09/10/09

TIME COL'D:0615

MATRIX:W

SAMPLE: W-7 RAW
26429-010

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
Calcium as Ca	mg/L	5.8	091509		0.2	EPA200.7
Alkalinity tot CaCo3	mg/L	18	091509		2	182320B

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS:

DIRECTOR



rn = 21276

NYSDOH ID # 10320

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ENVIRONMENTAL TESTING

377 SHEFFIELD AVE. • N. BABYLON, N.Y. 11703 • (631) 422-5777 • FAX (631) 422-5770

Email: ecotestlab@aol.com Website: www.ecotestlabs.com

LAB NO.293838.12

09/23/09

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000

ATTN: William Chaloupka

PO#:07932

SOURCE OF SAMPLE: 055-09

SOURCE OF SAMPLE: 26429

COLLECTED BY: Client

DATE COL'D:09/10/09 RECEIVED:09/10/09

TIME COL'D:0635

MATRIX:W

SAMPLE: W-10 RAW
26429-012

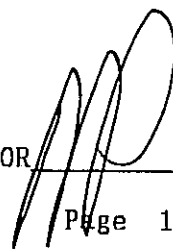
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	ANALYTICAL	
			FLAG OF ANALYSIS	LRL	METHOD
Calcium as Ca	mg/L	8.6	091509	0.2	EPA200.7
Alkalinity tot CaCo3	mg/L	42	091509	2	182320B

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS:

DIRECTOR



rn = 21278

NYSDOH ID # 10320

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ENVIRONMENTAL TESTING

377 SHEFFIELD AVE. • N. BABYLON, N.Y. 11703 • (631) 422-5777 • FAX (631) 422-5770

Email: ecotestlab@aol.com Website: www.ecotestlabs.com

LAB NO. 293838.11

09/23/09

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000

ATTN: William Chaloupka

PO#: 07932

SOURCE OF SAMPLE: 056-19

SOURCE OF SAMPLE: 26429

COLLECTED BY: Client

DATE COL'D: 09/10/09 RECEIVED: 09/10/09

TIME COL'D: 0645

MATRIX: W

SAMPLE: W-11 RAW
26429-011


ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME		ANALYTICAL	
			FLAG OF ANALYSIS	LRL	METHOD	
Calcium as Ca	mg/L	7.1	091509	0.2	EPA200.7	
Alkalinity tot CaCo3	mg/L	24	091509	2	182320B	

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS:

DIRECTOR



rn = 21277

NYSDOH ID # 10320

Page 1 of 1

ATTACHMENT III

Brookhaven National Laboratory

Potable Water Supply

September 2009 Stage 1 Disinfectants & Disinfection Byproduct Rule

Monitoring Data and Bacteriological Analyses for the BNL Distribution System

Attachment III

September 2009 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data
 Table II - Maximum Residual Disinfectant Level (MRDL) Compliance

Location	Total Residual Chlorine (mg/L)											
	Oct. 08	Nov. 08	Dec. 08	Jan. 09	Feb. 09	Mar. 09	Apr. 09	May 09	June 09	July 09	Aug. 09	Sept. 09
Bldg. 49 Water Tower	1.3	0.8	0.6	0.8	0.8	0.9	0.7	0.6	0.3	1	1.1	1.0
Bldg. 640 Water Tower	1.0	0.8	0.9	0.8	0.5	0.7	0.8	0.6	0.5	0.8	0.4	1.5
Bldg. 363 Apt. Laundry	0.5	0.4	0.4	0.5	0.4	0.4	0.4	0.4	0.3	0.5	0.5	1.0
Bldg. 1005 RHIC	0.5	0.4	0.5	0.6	0.4	0.7	0.5	0.5	0.3	0.3	0.5	0.4
Bldg. 930 LINAC	NS	0.7	NS	0.6	NS	0.7	NS	0.5	NS	0.7	NS	1.1
Bldg. 725 NSLS	0.7	NS	0.5	NS	0.8	NS	0.5	NS	0.4	NS	0.7	NS
Bldg. 490 Outpatient Clinic	NS	0.7	NS	1.0	NS	0.9	NS	0.4	NS	0.8	NS	0.6
Bldg. 490 Block 11	NS	0.4	NS	0.9	NS	0.7	NS	0.4	NS	0.4	NS	0.9
Bldg. 490 Block 1 ACF	0.8	NS	0.4	NS	0.7	NS	0.7	NS	0.3	NS	0.5	NS
Bldg. 490 Block 4 MRC	0.8	NS	0.5	NS	0.6	NS	0.6	NS	0.3	NS	0.7	NS
Monthly Average	0.8	0.6	0.5	0.7	0.6	0.7	0.6	0.5	0.4	0.6	0.6	0.9

NA - Not Applicable

NS- Not Scheduled for sampling

Running Annual Average (mg/L) 0.6 (Total Residual Chlorine)
 MRDL (mg/L) 4.0

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377 SHEFFIELD AVE. • N. BABYLON, N.Y. 11703 • (631) 422-5777 • FAX (631) 422-5770

Email: ecotestlab@aol.com Website: www.ecotestlabs.com

LAB NO. 293838.01

09/23/09

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000

ATTN: William Chaloupka

PO#: 07932

SOURCE OF SAMPLE: 094-273

SOURCE OF SAMPLE: 26429

COLLECTED BY: Client

DATE COL'D: 09/10/09 RECEIVED: 09/10/09

TIME COL'D: 0905

MATRIX: W

SAMPLE: B-49 Water Tower
26429-001

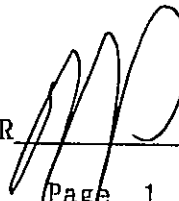
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
T. Coliform, 100- mL		Absent	091009 1508		0	189223
E. Coli, 100mL		Absent	091009 1508		0	189223
Free Chlorine Resid.	mg/L	1				*

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: * Measured in the field by client.
Total Coliform Bacteria is within NY State and Federal
limit for potable water

DIRECTOR



rn = 21267

NYSDOH ID # 10320

Page 1 of 1

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377 SHEFFIELD AVE. • N. BABYLON, N.Y. 11703 • (631) 422-5777 • FAX (631) 422-5770

Email: ecotestlab@aol.com Website: www.ecotestlabs.com

LAB NO.293838.02

09/23/09

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000

ATTN: William Chaloupka

PO#:07932

SOURCE OF SAMPLE: 076-408

SOURCE OF SAMPLE: 26429

COLLECTED BY: Client

DATE COL'D:09/10/09 RECEIVED:09/10/09

TIME COL'D:0725

MATRIX:W

SAMPLE: B-640 Water Tower
26429-002

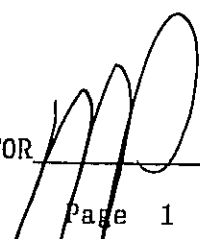
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME		ANALYTICAL METHOD
			FLAG OF ANALYSIS	LRL	
T.Coliform, 100 mL		Absent	091009 1508	0	189223
E:Coli, 100mL		Absent	091009 1508	0	189223
Free Chlorine Resid.	mg/L	1.5		*	

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: * Measured in the field by client.
Total Coliform Bacteria is within NY State and Federal
limit for potable water

DIRECTOR



rn = 21268

NYSDOH ID # 10320

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Email: ecotestlab@aol.com Website: www.ecotestlabs.com

LAB NO.293838.03

09/23/09

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000

ATTN: William Chaloupka

PO#:07932

SOURCE OF SAMPLE: 109-19

SOURCE OF SAMPLE: 26429

COLLECTED BY: Client

DATE COL'D:09/10/09 RECEIVED:09/10/09

TIME COL'D:0710

MATRIX:W

SAMPLE: B-363 APT. Laundry
26429-003

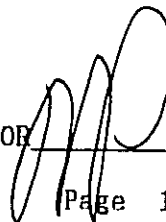
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME		ANALYTICAL	
			FLAG OF ANALYSIS	LRL	METHOD	
T.Coliform, 100 mL		Absent	091009 1508	0	189223	
E.Coli, 100mL		Absent	091009 1508	0	189223	
Free Chlorine Resid.	mg/L	1		*		

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: * Measured in the field by client.
Total Coliform Bacteria is within NY State and Federal
limit for potable water

DIRECTOR



ECOTEST LABORATORIES, INC.

ENVIRONMENTAL TESTING

377 SHEFFIELD AVE. • N. BABYLON, N.Y. 11703 • (631) 422-5777 • FAX (631) 422-5770

Email: ecotestlab@aol.com Website: www.ecotestlabs.com

LAB NO.293838.04

09/23/09

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000

ATTN: William Chaloupka

PO#:07932

SOURCE OF SAMPLE: 045-12

SOURCE OF SAMPLE: 26429

COLLECTED BY: Client

DATE COL'D:09/10/09 RECEIVED:09/10/09

TIME COL'D:0735

MATRIX:W

SAMPLE: B-1005 RHIG
26429-004

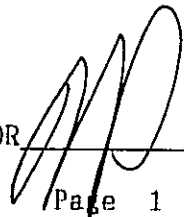
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent	091009 1508		0	189223
E.Coli, 100mL		Absent	091009 1508		0	189223
Free Chlorine Resid.	mg/L	0.35		*		

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: * Measured in the field by client.
Total Coliform Bacteria is within NY State and Federal
limit for potable water

DIRECTOR



rn = 21270

NYSDOH ID # 10320

Page 1 of 1

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ENVIRONMENTAL TESTING

377 SHEFFIELD AVE. • N. BABYLON, N.Y. 11703 • (631) 422-5777 • FAX (631) 422-5770

Email: ecotestlab@aol.com Website: www.ecotestlabs.com

LAB NO. 293838.05

09/23/09

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000

ATTN: William Chaloupka

PO#: 07932

SOURCE OF SAMPLE: 054-187

SOURCE OF SAMPLE: 26429

COLLECTED BY: Client

DATE COL'D: 09/10/09 RECEIVED: 09/10/09

TIME COL'D: 0750

MATRIX: W

SAMPLE: B-930 LINAC
26429-005

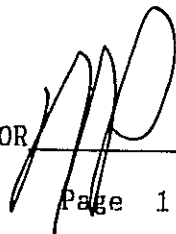
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME		ANALYTICAL	
			FLAG OF ANALYSIS	LRL	METHOD	
T. Coliform, 100 mL		Absent	091009 1508	0	189223	
E. Coli, 100mL		Absent	091009 1508	0	189223	
Free Chlorine Resid.	mg/L	1.1		*		

cc: BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: * Measured in the field by client.
Total Coliform Bacteria is within NY State and Federal
limit for potable water

DIRECTOR



rn = 21271

NYSDOH ID # 10320

Page 1 of 1

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Email: ecotestlab@aol.com Website: www.ecotestlabs.com

LAB NO.293838.06

09/23/09

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000

ATTN: William Chaloupka

PO#:07932

SOURCE OF SAMPLE: 084-70

SOURCE OF SAMPLE: 26429

COLLECTED BY: Client

DATE COL'D:09/10/09 RECEIVED:09/10/09

TIME COL'D:0815

MATRIX:W

SAMPLE: B-490 Outpatient clinic
26429-006

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME		ANALYTICAL	
			FLAG OF ANALYSIS	LRL	METHOD	
T.Coliform, 100 mL		Absent	091009 1508	0	189223	
E.Coli, 100mL		Absent	091009 1508	0	189223	
Free Chlorine Resid.	mg/L	0.64	*			

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: * Measured in the field by client.
Total Coliform Bacteria is within NY State and Federal
limit for potable waterDIRECTOR 

rn = 21272

NYSDOH ID # 10320

Page 1 of 1

ECOTEST LABORATORIES, INC.

ENVIRONMENTAL TESTING

377 SHEFFIELD AVE. • N. BABYLON, N.Y. 11703 • (631) 422-5777 • FAX (631) 422-5770

Email: ecotestlab@aol.com Website: www.ecotestlabs.com

LAB NO.293838.07

09/23/09

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000

ATTN: William Chaloupka

PO#:07932

SOURCE OF SAMPLE: 084-67

SOURCE OF SAMPLE: 26429

COLLECTED BY: Client

DATE COL'D:09/10/09 RECEIVED:09/10/09

TIME COL'D:0835

MATRIX:W

SAMPLE: B-490 Block II
26429-007

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliiform, 100 mL		Absent	091009 1508	0	0	189223
E.Coli, 100mL		Absent	091009 1508	0	0	189223
Free Chlorine Resid.	mg/L	0.85				*

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: * Measured in the field by client.
Total Coliform Bacteria is within NY State and Federal
limit for potable water

DIRECTOR 

rn = 21273

NYSDOH ID # 10320

Page 1 of 1

Environmental Protection Division
81 Cornell Avenue, Bldg. 120
Upton, NY 11973



FACSIMILE TRANSMITTAL SHEET

Fax #: 631-344-6079

Date:	Friday, October 9, 2009
To:	Ms. Kathleen Newcomer
Company:	Suffolk County Department of Health Services
Fax #:	631-852-5787
From:	Jennifer Higbie
Phone Ext.:	631-344-5919 (or email: Higbie@bnl.gov)

Number of Pages (including cover sheet):	
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Comments: Attached is a letter from George Goode with the Subject: Monthly Water Treatment Plant reports for September 2009. Included with the letter are Attachment I: BNL Potable Water Supply Operational Data for September and Attachment III: September 2009 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data and Bacteriological Analyses for the BNL Distribution System

EXPLORING EARTH'S MYSTERIES
...PROTECTING ITS FUTURE

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1290
CONNECTION TEL 98525787
CONNECTION ID
ST. TIME 10/09 09:46
USAGE T 08'48
PGS. SENT 22
RESULT OK

Environmental Protection Division
81 Cornell Avenue, Bldg. 120
Upton, NY 11973



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