

BROOKHAVEN
NATIONAL LABORATORY

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

October 8, 2010

Ms. Mary La Flair
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. Mary La Flair:

Subject: Monthly Water Treatment Plant Reports
Reference: Suffolk County Minimum Monitoring Requirements for September 2010

In accordance with the requirements of the BNL Potable Water System Sampling Plan and the 2010 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 2010 Biweekly and Semi-Annual Water Quality Monitoring Data for the BNL Distribution System and Potable Water Wells.
- Attachment III: September 2010 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data and Bacteriological Analyses for the BNL Distribution System.

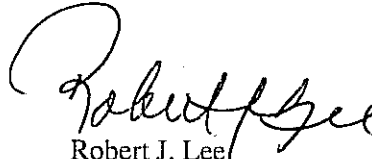
Collection and analysis of these samples is performed in accordance with the guidelines of the BNL Quality Assurance program, the SCDHS Community Water Supply Monitoring Requirements, and the BNL Potable Water System Sampling Plan. Facility and Operations Directorate personnel using standard operating 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 Facility and Operations Directorate. 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.



October 8, 2010

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,



Robert J. Lee
Interim Manager
Environmental Protection Division

RJL/JR:jlh

Attachments: As noted

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

File: EC61ER.10

ATTACHMENT I
Brookhaven National Laboratory
Potable Water Supply
Monthly Operational Data for September 2010
for the BNL Potable Water System

Public Water System Name		Reporting Month/Year		Date Report Submitted		Source Water Type(s)				
Brookhaven National Laboratory		SEPTEMBER		9/30/2010		<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination				
Public Water System ID		County		Town, Village, or City						
5111891		Suffolk		Upton, New York 11973						
DATE	Source(s) in Use Well(s) No.:	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings			Daily Totalizer
			Gaseous Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Liquid Hypochlorite (gallons Hypochlorite in Tank)	Free chlorine residual at entry point (mg/l) (WTF-624)	Hypochlorite used/day (WTF - 624)	pH Lime Softening (WTF-624)	pH (Incoming RAW Water)	
					155					1,672,623
1	4+6+7	593	NA	NA	150	0.72	5	7.5	6.1	1,673,216
2	7+4+6	802	NA	NA	148	0.52	2	7.4	6.1	1,674,018
3	7+4+6	1,079	NA	NA	145	0.77	3	7.4	6.1	1,675,097
4	7+4+6	875	NA	NA	145	0.75		7.8		1,675,972
5		-	NA	NA						
6		-	NA	NA						
7	7+4+6	2,395	NA	NA	125	0.96	20	7.6	5.5	1,678,367
8	7+4+6	922	NA	NA	120	0.50	5	7.5	6.1	1,679,289
9	7+4+6	1,080	NA	NA	110+80=190	0.55	10	7.6	6.0	1,680,369
10	7+4+6	906	NA	NA	180	0.50	10	7.8	6.0	1,681,275
11		-	NA	NA						
12		-	NA	NA						
13	7+4+6	1,950	NA	NA	180	1.01		7.9	6.1	1,683,225
14	6+7+4	679	NA	NA	120	1.00		7.5	6.1	1,683,904
15	6+7+4	722	NA	NA	110	0.55	10	7.5	5.9	1,684,626
16	6+7+4	702	NA	NA	100	0.70	10	7.6	6.1	1,685,328
17	6+7+4	678	NA	NA	175	0.58	5	7.4	5.9	1,686,006
18		-	NA	NA						
19		-	NA	NA						
20	7+4+6	3,374	NA	NA	155	0.71	20	7.4	6.0	1,689,380
21	7+4+6	1,140	NA	NA	147	0.80	3	7.5	6.0	1,690,520
22	7+4+6	967	NA	NA	140	0.65	7	7.6	6.0	1,691,487
23	7+4+6	737	NA	NA	134	0.80	6	7.6	6.0	1,692,224
24	7+4+6	783	NA	NA	130	0.79	4	8.0	7.0	1,693,007
25		-	NA	NA						
26		-	NA	NA						
27	7+4+6	2,349	NA	NA	120	0.94	10	8.5	5.9	1,695,356
28	4+6+7	828	NA	NA	110	0.54	10	8.7	6.0	1,696,184
29	4+6+7	827	NA	NA	110+75	0.70	10	7.9	6.0	1,697,011
30	4+6+7	994	NA	NA	172	0.78	13	7.7	6.0	1,698,005
31		-	NA	NA						
Total		25,382	DAY'S	30			163			
AVG.		818.77				0.72	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: [Signature] Date: 10-6-10 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	7-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.88	Number of microbiological monitoring samples required: <u>4</u>
B-640 WATER TOWER 076-408	7-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.8	Number of microbiological monitoring samples taken: <u>7</u>
B 1005 RHIC 045-12	7-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.36	Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B 363 APART. LAUNDRY 109-19	7-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.39	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
B-930 LINAC 054-187	7-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.9	
B 490.BLOCK OUTPATIENT CLINIC 084-70	7-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.72	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
B490 BLOCK 11 084-67	7-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	
FIELD DUP. B-490 BLOCK 11 084-67	7-Sep	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	
			<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		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<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		As required by S-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.
			<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): J.KULESA

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:

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	SEPTEMBER	9/30/2010	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWDI
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.: 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)					
					108				2,055,447	
1	4	810	NA	NA	87+63=150	0.39	21		2,056,257	
2	4	409	NA	NA	142	0.44	8		2,056,666	
3	4	483	NA	NA	129	0.50	13		2,057,149	
4	4	270	NA	NA	120	0.61	9		2,057,419	
5		-	NA	NA						
6		-	NA	NA						
7	4	692	NA	NA	108	0.86	12		2,058,111	
8	4	211	NA	NA	105	0.19	3		2,058,322	
9	4	299	NA	NA	97+23=120	0.13	8		2,058,621	
10	4	258	NA	NA	116	0.27	4		2,058,879	
11		-	NA	NA						
12		-	NA	NA						
13	4	591	NA	NA	105	0.59	11		2,059,470	
14	4	185	NA	NA	99	0.85	6		2,059,655	
15	4	167	NA	NA	93	0.10	6		2,059,822	
16	4	246	NA	NA	90	0.11	3		2,060,068	
17	4	189	NA	NA	87+63=150	0.10	3		2,060,257	
18		-	NA	NA						
19		-	NA	NA						
20	4	1,376	NA	NA	120	0.27	30		2,061,633	
21	4	435	NA	NA	114	0.20	6		2,062,068	
22	4	445	NA	NA	105	0.35	9		2,062,513	
23	4	609	NA	NA	93	0.30	12		2,063,122	
24	4	328	NA	NA	87	0.79	6		2,063,450	
25		-	NA	NA						
26		-	NA	NA						
27	4	777	NA	NA	75	0.43	12		2,064,227	
28	4	667	NA	NA	63	0.25	12		2,064,894	
29	4	755	NA	NA	45	0.07	18		2,065,649	
30	4	1,061	NA	NA	30	0.11	15		2,066,710	
31		-	NA	NA						
Total		11,263	DAY'S	30			227			
AVG.		363.32				0.36	10.3			

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: 10-6-10 Operator Grade Level 1A-SW/GUI

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	SEPTEMBER	9/30/2010	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWDI
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.: 6	Treated water volume (1,000 gallons/day)	Chlorination				Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	Other Treatments / Readings	Daily Totalizer
			Gaseous		Liquid					
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					63				824,490	
1	6	141	NA	NA	57	0.39	6		824,631	
2	6	266	NA	NA	48	0.44	9		824,897	
3	6	259	NA	NA	36	0.50	12		825,156	
4	6	111	NA	NA	30+63=93	0.61	6		825,267	
5		-	NA	NA						
6		-	NA	NA						
7	6	412	NA	NA	81	0.86	12		825,679	
8	6	321	NA	NA	71	0.19	10		826,000	
9	6	411	NA	NA	59	0.13	12		826,411	
10	6	517	NA	NA	42	0.27	17		826,928	
11		-	NA	NA						
12		-	NA	NA						
13	6	84	NA	NA	39	0.59	3		827,012	
14	6	153	NA	NA	36	0.85	3		827,165	
15	6	634	NA	NA	33	0.10	3		827,799	
16	6	604	NA	NA	27	0.11	6		828,403	
17	6	515	NA	NA	21	0.10	6		828,918	
18		-	NA	NA						
19		-	NA	NA						
20	6	561	NA	NA	14	0.30	7		829,479	
21	6	124	NA	NA	11	0.30	3		829,603	
22	6	190	NA	NA	11	0.23			829,793	
23	6	141	NA	NA	10+131	0.30	1		829,934	
24	6	190	NA	NA	140	0.62	1		830,124	
25		-	NA	NA						
26		-	NA	NA						
27	6	409	NA	NA	127	0.43	14		830,533	
28	6	277	NA	NA	120	0.25	7		830,810	
29	6	364	NA	NA	110	0.07	10		831,174	
30	6	328	NA	NA	102	0.11	8		831,502	
31		-	NA	NA						
Total		7,012	DAT'S	30			156			
AVG.		226.19				0.35	7.4			

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: 10-6-10 Operator Grade Level: 1A-SW/GUI

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	SEPTEMBER	9/30/2010	<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.: 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)					
					102				3,111,250	
1	7	240	NA	NA	95+54=150	0.39	6		3,111,490	
2	7	518	NA	NA	142	0.44	8		3,112,008	
3	7	909	NA	NA	123	0.05	19		3,112,917	
4	7	722	NA	NA	115	0.61	8		3,113,639	
5		-	NA	NA						
6		-	NA	NA						
7	7	2,419	NA	NA	68	0.86	47		3,116,058	
8	7	758	NA	NA	54	0.19	14		3,116,816	
9	7	1,048	NA	NA	38+111=150	0.13	26		3,117,864	
10	7	556	NA	NA	140	0.27	10		3,118,420	
11		-	NA	NA						
12		-	NA	NA						
13	7	2,183	NA	NA	99	0.59	41		3,120,603	
14	7	675	NA	NA	87	0.85	12		3,121,278	
15	7	339	NA	NA	84	0.10	3		3,121,617	
16	7	374	NA	NA	75	0.11	9		3,121,991	
17	7	326	NA	NA	66+84=150	0.10	9		3,122,317	
18		-	NA	NA						
19		-	NA	NA						
20	7	2,657	NA	NA	105	0.37	45		3,124,974	
21	7	1,125	NA	NA	84	0.30	21		3,126,099	
22	7	858	NA	NA	69	0.23	15		3,126,957	
23	7	388	NA	NA	60	0.30	9		3,127,345	
24	7	655	NA	NA	51	0.62	8		3,128,000	
25		-	NA	NA						
26		-	NA	NA						
27	7	2,180	NA	NA	11	0.43	40		3,130,180	
28	7	452	NA	NA		0.25	11		3,130,632	
29	7	305	NA	NA		0.07			3,130,937	
30	7	115	NA	NA		0.11			3,131,052	
31		-	NA	NA						
Total		19,802	DAY'S	30			361			
AVG.		638.77				0.34	18.1			

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: *Lo Ross* Date: 10-6-10

Operator Grade Level 1A-SW/GUI

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	SEPTEMBER	9/30/2010	<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.: 10	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)					
					51				821,063	
1	10	-	NA	NA	51	NR		NR	821,063	
2	10	2	NA	NA	51	NR		NR	821,065	
3	10	-	NA	NA	51	NR		NR	821,065	
4	10	-	NA	NA	51	NR		NR	821,065	
5		-	NA	NA						
6		-	NA	NA						
7	10	13	NA	NA	51	NR		NR	821,078	
8	10	-	NA	NA	51	NR		NR	821,078	
9	10	-	NA	NA	51	NR		NR	821,078	
10	10	-	NA	NA	51	NR		NR	821,078	
11		-	NA	NA						
12		-	NA	NA						
13	10	-	NA	NA	51	NR		NR	821,078	
14	10	-	NA	NA	51	NR		NR	821,078	
15	10	-	NA	NA	51	NR		NR	821,078	
16	10	-	NA	NA	51	NR		NR	821,078	
17	10	-	NA	NA	51	NR		NR	821,078	
18		-	NA	NA						
19		-	NA	NA						
20	10	-	NA	NA	51	NR		NR	821,078	
21	10	-	NA	NA	51	NR		NR	821,078	
22	10	-	NA	NA	51	NR		NR	821,078	
23	10	-	NA	NA	51	NR		NR	821,078	
24	10	-	NA	NA	51	NR		NR	821,078	
25		-	NA	NA						
26		-	NA	NA						
27	10	-	NA	NA	51	NR		NR	821,078	
28	10	-	NA	NA	51	NR		NR	821,078	
29	10	-	NA	NA	51	NR		NR	821,078	
30	10	-	NA	NA	51	NR		NR	821,078	
31		-	NA	NA						
Total		15	DAYS	30.00						
AVG.		0.48								

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: *LR Ross* Date: 10-6-10

Operator Grade Level 1A-SW/GUI

Public Water System Name Brookhaven National Laboratory	Reporting Month/Year SEPTEMBER	Date Report Submitted 9/30/2010	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWDI
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.: 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)					
					134					116,295
1	11	437	NA	NA	129	NR	5	NR		116,732
2	11	260	NA	NA	129	NR		NR		116,992
3	11	21	NA	NA	129	NR		NR		117,013
4	11	-	NA	NA	129	NR		NR		117,013
5		-	NA	NA						
6		-	NA	NA						
7	11	7	NA	NA	129	NR		NR		117,020
8	11	-	NA	NA	129	NR		NR		117,020
9	11	-	NA	NA	129	NR		NR		117,020
10	11	-	NA	NA	129	NR		NR		117,020
11		-	NA	NA						
12		-	NA	NA						
13	11	-	NA	NA	129	NR		NR		117,020
14	11	-	NA	NA	129	NR		NR		117,020
15	11	1	NA	NA	129	NR		NR		117,021
16	11	-	NA	NA	129	NR		NR		117,021
17	11	640	NA	NA	123		6			117,661
18		-	NA	NA						
19		-	NA	NA						
20	11	340	NA	NA	121		2			118,001
21	11	-	NA	NA	121	NR		NR		118,001
22	11	-	NA	NA	121	NR		NR		118,001
23	11	-	NA	NA	121	NR		NR		118,001
24	11	64	NA	NA	121	NR		NR		118,065
25		-	NA	NA						
26		-	NA	NA						
27	11	241	NA	NA	121	NR		NR		118,306
28	11	12	NA	NA	121	NR		NR		118,318
29	11	-	NA	NA	121	NR		NR		118,318
30	11	-	NA	NA	121	NR		NR		118,318
31		-	NA	NA						
Total		2,023	DAY'S	30			13			
AVG.		65.26					4.33			

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: 10-6-10

Operator Grade Level 1A-SW/GUI

Water Systems Operation Report
Well No. 12 - Direct Supply to Distribution System

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	SEPTEMBER	9/30/2010	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWD/ID
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					
					OOS					869,261	
1	12	-	NA	NA	OOS					869,261	
2	12		NA	NA	OOS					869,261	
3	12	-	NA	NA	OOS					869,261	
4	12	-	NA	NA	OOS					869,261	
5		-	NA	NA							
6		-	NA	NA							
7	12	-	NA	NA	OOS					869,261	
8	12	-	NA	NA	OOS					869,261	
9	12	-	NA	NA	OOS					869,261	
10	12	-	NA	NA	OOS					869,261	
11		-	NA	NA							
12		-	NA	NA							
13	12	-	NA	NA	OOS					869,261	
14		-	NA	NA	OOS					869,261	
15		-	NA	NA	OOS					869,261	
16		-	NA	NA	OOS					869,261	
17		-	NA	NA	OOS					869,261	
18		-	NA	NA							
19		-	NA	NA							
20	12	-	NA	NA	OOS					869,261	
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		-	NA	NA							
26		-	NA	NA							
27	12	-	NA	NA	OOS					869,261	
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 crack

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

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

Operator Grade Level 1A-SW/GUI

PUMP DATA SEPT. 2010
(Month)

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	810	141	240	0	437	0	1,628
2	409	266	518	2	260	0	1,455
3	483	259	909	0	21	0	1,672
4	270	111	722	0	0	0	1,103
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	692	412	2,419	13	7	0	3,543
8	211	321	758	0	0	0	1,290
9	299	411	1,048	0	0	0	1,758
10	258	517	556	0	0	0	1,331
11	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0
13	591	84	2,183	0	0	0	2,858
14	185	153	675	0	0	0	1,013
15	167	634	339	0	1	0	1,141
16	246	604	374	0	0	0	1,224
17	189	515	326	0	640	0	1,670
18	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0
20	1,376	561	2,657	0	340	0	4,934
21	435	124	1,125	0	0	0	1,684
22	445	190	858	0	0	0	1,493
23	609	141	388	0	0	0	1,138
24	328	190	655	0	64	0	1,237
25	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0
27	777	409	2,180	0	241	0	3,607
28	667	277	452	0	12	0	1,408
29	755	364	305	0	0	0	1,424
30	1,061	328	115	0	0	0	1,504
31	0	0	0	0	0	0	0
Total	11,263	7,012	19,802	15	2,023	0	40,115

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	2,066,710	2,055,447	11,263
Well 6	831,502	824,490	7,012
Well 7	3,131,052	3,111,250	19,802
Well 10	821,078	821,063	15
Well 11	118,318	116,295	2,023
Well 12	869,261	869,261	0

AGS Water Supply Meter	988,858	988,858	0.00
Biology Building - Well 9	6,795,700	6,795,700	0.00

ATTACHMENT II

Brookhaven National Laboratory

Potable Water Supply

September 2010 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 2010

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	9/2/10	7.4	55	178	ANR	ANR
WTP	9/7/10	7.6	55	171	ANR	ANR
WTP	9/9/10	7.6	55	220	ANR	ANR
WTP	9/14/10	7.5	55	190	ANR	ANR
WTP	9/16/10	7.6	55	203	ANR	ANR
WTP	9/21/10	7.5	55	197	ANR	ANR
WTP	9/23/10	7.6	55	187	ANR	ANR
WTP	9/28/10	8.7	55	219	ANR	ANR
WTP	9/30/10	7.7	55	210	ANR	ANR
Well 10	9/7/10	7.0	55	200	ANR	ANR
Well 10	9/9/10	7.1	55	211	ANR	ANR
Well 11	9/7/10	7.4	55	202	ANR	ANR
Well 11	9/9/10	7.4	55	198	ANR	ANR
Well 4	9/7/10	6.0	54	174	16	6.0
Well 6	9/7/10	6.1	54	130	5.1	< 2.0
Well 7	9/7/10	6.1	54	149	18	5.6
Well 10	9/7/10	6.4	61	200	34	11
Well 11	9/7/10	6.4	64	212	34	9.6

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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LAB NO.104125.09

09/17/10

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

ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 083-20

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D:09/07/10 RECEIVED:09/07/10

TIME COL'D:0645

MATRIX:W

SAMPLE: Well #4 RAW
28936-009

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	ANALYTICAL	
			FLAG OF ANALYSIS	LRL	METHOD
Calcium as Ca	mg/L	6.0	090810	0.5	EPA200.7
Alkalinity tot CaCo3	mg/L	16	090810	2	S182320B

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS:

DIRECTOR



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ENVIRONMENTAL TESTING

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LAB NO.104125.10

09/17/10

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ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 093-07

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D:09/07/10 RECEIVED:09/07/10

TIME COL'D:0630

MATRIX:W

SAMPLE: Well #6 RAW
28936-010

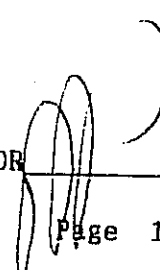
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
Calcium as Ca	mg/L	5.1	090810	0.5	EPA200.7
Alkalinity tot CaCo3	mg/L	< 2	090810	2	S182320B

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS:

DIRECTOR



rn = 23250

NYSDOH ID # 10320

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LAB NO.104125.11

09/17/10

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Upton, NY 11973-5000

ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 092-03

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D:09/07/10 RECEIVED:09/07/10

TIME COL'D:0615

MATRIX:W

SAMPLE: Well #7 RAW
28936-011

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
Calcium as Ca	mg/L	5.6	090810	0.5	EPA200.7
Alkalinity tot CaCo3	mg/L	18	090810	2	S182320B

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS:

DIRECTOR



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ENVIRONMENTAL TESTING

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LAB NO.104125.12

09/17/10

Brookhaven National Laboratory
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Upton, NY 11973-5000

ATTN: William Chaloupka

PO#: 0000143228

SOURCE OF SAMPLE: 055-09

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D: 09/07/10 RECEIVED: 09/07/10

TIME COL'D: 0715

MATRIX: W

SAMPLE: Well #10 RAW
28936-012

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
Calcium as Ca	mg/L	11	090810	0.5	EPA200.7
Alkalinity tot CaCo3	mg/L	34	090810	2	S182320B

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS:

DIRECTOR



rn = 23252

NYSDOH ID # 10320

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LAB NO.104125.13

09/17/10

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Upton, NY 11973-5000

ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 056-19

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D:09/07/10 RECEIVED:09/07/10

TIME COL'D:0700

MATRIX:W

SAMPLE: Well #11 RAW
28936-013

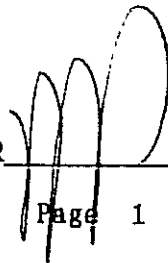
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME		ANALYTICAL
			FLAG OF ANALYSIS	LRL	METHOD
Calcium as Ca	mg/L	9.6	090810	0.5	EPA200.7
Alkalinity tot CaCo3	mg/L	34	090810	2	S182320B

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS:

DIRECTOR



ATTACHMENT III

Brookhaven National Laboratory

Potable Water Supply

September 2010 Stage 1 Disinfectants & Disinfection Byproduct Rule

Monitoring Data and Bacteriological Analyses for the BNL Distribution System

Attachment III

**September 2010 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data
Table II - Maximum Residual Disinfectant Level (MRDL) Compliance**

Location	Total Residual Chlorine (mg/L)											
	Oct. 09	Nov. 09	Dec. 09	Jan. 10	Feb. 10	Mar. 10	Apr. 10	May 10	June 10	July 10	Aug. 10	Sept. 10
Bldg. 49 Water Tower	0.5	0.6	0.7	0.6	0.5	0.8	0.8	0.6	0.8	0.7	0.7	0.9
Bldg. 640 Water Tower	0.4	0.4	0.4	0.6	0.4	0.5	0.7	0.6	0.5	0.5	0.5	0.8
Bldg. 363 Apt. Laundry	0.3	0.4	0.5	0.4	0.4	0.4	0.7	0.6	0.4	1	0.7	0.4
Bldg. 1005 RHIC	0.3	0.3	0.7	0.6	0.4	0.4	0.3	0.6	0.4	0.4	0.6	0.4
Bldg. 930 LINAC	NS	0.3	NS	0.7	NS	0.5	NS	0.8	NS	0.6	NS	0.9
Bldg. 725 NSLS	0.3	NS	0.4	NS	0.8	NS	0.5	NS	0.6	NS	0.7	NS
Bldg. 490 Outpatient Clinic	NS	0.4	NS	0.7	NS	0.5	NS	0.4	NS	0.4	NS	0.7
Bldg. 490 Block 11	NS	0.5	NS	0.5	NS	0.5	NS	0.5	NS	0.7	NS	0.7
Bldg. 490 Block 1 ACF	0.5	NS	0.6	NS	0.4	NS	0.5	NS	0.8	NS	0.8	NS
Bldg. 490 Block 4 MRC	0.6	NS	0.7	NS	1.1	NS	0.9	NS	0.4	NS	0.5	NS
Monthly Average	0.4	0.4	0.6	0.6	0.6	0.5	0.6	0.6	0.5	0.6	0.6	0.7

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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LAB NO.104125.01

09/17/10

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ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 094-273

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D:09/07/10 RECEIVED:09/07/10

TIME COL'D:0830

MATRIX:W

SAMPLE: B-49 Water Tower
28936-001

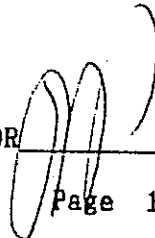
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent	090710 1417		0	S189223
E.Coli, 100mL		Absent	090710 1417		0	S189223
Free Chlorine Resid.	mg/L	0.88			*	

✓ 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 = 23241

NYSDOH ID # 10320

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LAB NO.104125.02

09/17/10

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Upton, NY 11973-5000

ATTN: William Chaloupka

PO#: 0000143228

SOURCE OF SAMPLE: 076-408

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D: 09/07/10 RECEIVED: 09/07/10

TIME COL'D: 0930

MATRIX: W

SAMPLE: B-640 Water Tower
28936-002

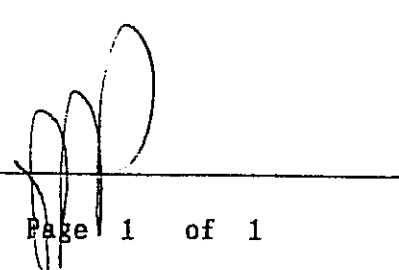
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME		ANALYTICAL
			FLAG OF ANALYSIS	LRL	
T. Coliform, 100 mL		Absent	090710 1417	0	S189223
E. Coli, 100mL		Absent	090710 1417	0	S189223
Free Chlorine Resid.	mg/L	0.8		*	

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



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LAB NO.104125.03

09/17/10

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ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 045-12

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D:09/07/10 RECEIVED:09/07/10

TIME COL'D:0720

MATRIX:W

SAMPLE: B-1005 RHIC
28936-003

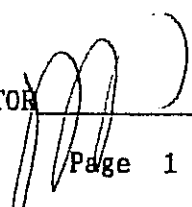
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME		ANALYTICAL	
			FLAG	OF ANALYSIS	LRL	METHOD
T.Coliform, 100 mL		Absent	090710	1417	0	S189223
E.Coli, 100mL		Absent	090710	1417	0	S189223
Free Chlorine Resid.	mg/L	0.36			*	

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



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LAB NO.104125.04

09/17/10

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ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 109-19

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D:09/07/10 RECEIVED:09/07/10

TIME COL'D:0730

MATRIX:W

SAMPLE: B-363 Apt. Laundry
28936-004

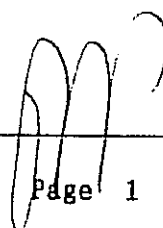
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME		ANALYTICAL METHOD
			FLAG OF ANALYSIS	LRL	
T.Coliform, 100 mL		Absent	090710 1417	0	S189223
E.Coli, 100mL		Absent	090710 1417	0	S189223
Free Chlorine Resid.	mg/L	0.39		*	

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 = 23244

NYSDOH ID # 10320

Page 1 of 1

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LAB NO.104125.05

09/17/10

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

ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 054-187

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D:09/07/10 RECEIVED:09/07/10

TIME COL'D:0800

MATRIX:W

SAMPLE: B-930 Linac
28936-005

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent	090710 1417		0	S189223
E.Coli, 100mL		Absent	090710 1417		0	S189223
Free Chlorine Resid.	mg/L	0.9				*

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



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LAB NO.104125.06

09/17/10

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

ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 084-70

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D:09/07/10 RECEIVED:09/07/10

TIME COL'D:0900

MATRIX:W

SAMPLE: B-490 Outpatient Clinic
28936-006

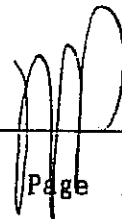
ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent	090710 1417		0	S189223
E.Coli, 100mL		Absent	090710 1417		0	S189223
Free Chlorine Resid.	mg/L	0.72			*	

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.104125.07

09/17/10

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

ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 084-67

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D:09/07/10 RECEIVED:09/07/10

TIME COL'D:0915

MATRIX:W

SAMPLE: B-490 Block 11
28936-007

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent	090710 1417		0	S189223
E.Coli, 100mL		Absent	090710 1417		0	S189223
Free Chlorine Resid.	mg/L	0.7			*	

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 =23247

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.104125.08

09/17/10

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

ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 084-67

SOURCE OF SAMPLE: 28936

COLLECTED BY: Client

DATE COL'D:09/07/10 RECEIVED:09/07/10

TIME COL'D:0915

MATRIX:W

SAMPLE: Field Dup. B-490 Block 11
28936-008

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent	090710 1417		0	S189223
E.Coli, 100mL		Absent	090710 1417		0	S189223
Free Chlorine Resid.	mg/L	0.7			*	

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

Page 1 of 1

rn = 23248

NYSDOH ID # 10320

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



FACSIMILE TRANSMITTAL SHEET

Fax #: 631-344-6079

Date:	October 8, 2010
To:	Ms. Mary La Flair
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 Robert Lee with the Subject: Monthly Water Treatment Plant reports for September 2010.

Included with the letter are

Attachment I: BNL Potable Water Supply Operational Data for September and

Attachment III: September 2010 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 1381
 CONNECTION TEL 98525787
 CONNECTION ID
 ST. TIME 10/08 14:52
 USAGE T 08'54
 PGS. SENT 23
 RESULT OK

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

BROOKHAVEN
 NATIONAL LABORATORY

FACSIMILE TRANSMITTAL SHEET

Fax #: 631-344-6079

Date:	October 8, 2010
To:	Ms. Mary La Flair
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Number of Pages (including cover sheet):	
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