



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

December 7, 2011

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 November 2011

In accordance with the requirements of the BNL Potable Water System Sampling Plan and the 2011 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 November.
- Attachment II: November 2011 Biweekly Water Quality Monitoring Data for the BNL Distribution System and Potable Water Wells.
- Attachment III: November 2011 Stage I Disinfectants & Disinfection Byproduct Rule Monitoring Data and Bacteriological Analyses for the BNL Distribution System.
- Attachment IV: 2011 Fourth Quarter Radiological Analyses for the BNL Potable Water Wells.

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

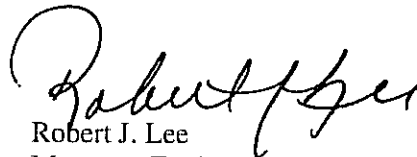


Registered to
ISO 14001

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.

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
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.11

ATTACHMENT I

Brookhaven National Laboratory

Potable Water Supply

Monthly Operational Data for November 2011

for the BNL Potable Water System

Public Water System Name Brookhaven National Laboratory	Reporting Month/Year 11/2011	Date Report Submitted 11/30/2011	Source Water Type(s) <input type="checkbox"/> Surface <input type="checkbox"/> Ground <input type="checkbox"/> GW/UD
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					2,102,891	
1	7+6+4	538	NA	NA	125	0.60	5	7.5	6.1	2,103,429	
2	7+6+4	598	NA	NA	120	0.50	5	7.6	6.0	2,104,027	
3	7+6+4	580	NA	NA	119	0.80	1	7.9	6.0	2,104,607	
4	7+6+4	647	NA	NA	110	0.98	9	7.7	6.0	2,105,254	
5		-	NA	NA							
6		-	NA	NA							
7	7+4+6	1,484	NA	NA	105	1.03	5	7.8	6.0	2,106,738	
8	4+7+6	561	NA	NA	100	0.81	5	7.7	6.0	2,107,299	
9	4+7+6	639	NA	NA	95	0.82	5	7.7	6.1	2,107,938	
10	4+7+6	685	NA	NA	90	0.86	5	7.7	6.0	2,108,623	
11	4+7+6	543	NA	NA	90	0.82		7.4	6.1	2,109,166	
12		-	NA	NA							
13		-	NA	NA							
14	7+6+4	1,624	NA	NA	80	1.10	10	8.0	6.1	2,110,790	
15	7+6+4	646	NA	NA	70	0.85	10	7.8	6.0	2,111,436	
16	7+6+4	666	NA	NA	65+115	0.77	5	7.7	5.8	2,112,102	
17	7+6+4	619	NA	NA	174	1.00	6	7.8	6.0	2,112,721	
18	7+6+4	590	NA	NA	170	1.00	4	8.4	6.1	2,113,311	
19		-	NA	NA							
20		-	NA	NA							
21	7+6+4	1,791	NA	NA	160	1.30	10	8.0	6.1	2,115,102	
22	7+6+4	825	NA	NA	155	0.95	5	7.6	6.0	2,115,927	
23	7+6+4	844	NA	NA	150	0.90	5	7.7	6.1	2,116,771	
24		-	NA	NA							
25		-	NA	NA							
26	7+6+4	1,697	NA	NA	140	0.90	10	7.3	6.1	2,118,468	
27		-	NA	NA							
28	7+6+4	1,172	NA	NA	132	0.85	8	8.0	6.0	2,119,640	
29	7+6+4	692	NA	NA	130	1.00	2	7.7	6.0	2,120,332	
30	7+6+4	682	NA	NA	120	0.87	10	8.1	6.0	2,121,014	
31		-	NA	NA							
Total		18,123	DAY'S	30			125				
AVG.		584.61				0.89	6.0				

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: 12-5-11 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	1-Nov	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.35	Number of microbiological monitoring samples required: <u>4</u>
B-640 WATER TOWER 076-408	1-Nov	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.25	Number of microbiological monitoring samples taken: <u>7</u>
B 1005 RHIC 045-12	1-Nov	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.35	Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B 363 APART. LAUNDRY 109-19	1-Nov	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.
B-930 054-187 LINAC	1-Nov	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.66	Did not collect/analyze for E. coli for positive total coliform from routine/repeat
B 490 OUTPATIENT CLINIC 084-70	1-Nov	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.54	Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B490 BLOCK #11 084-67	1-Nov	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.7	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).
FIELD DUP. B-48 094-273	1-Nov	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.35	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).
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		The original sample was E.coli positive and at least 1 repeat sample was positive for total
			<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		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.
			<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): 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 Brookhaven National Laboratory	Reporting Month/Year 11/2011	Date Report Submitted 11/30/2011	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GUDI
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				Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	Other Treatments / Readings	Daily Totalizer
			Gaseous		Liquid	138				
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)						
1	4	16	NA	NA	138	1.00			2,231,749	
2	4	82	NA	NA	135	0.19	3		2,231,765	
3	4	99	NA	NA	135+15	0.46			2,231,847	
4	4	93	NA	NA	144	0.37	6		2,231,946	
5		-	NA	NA					2,232,039	
6		-	NA	NA						
7	4	60	NA	NA	144	0.04			2,232,099	
8	4	452	NA	NA	132	0.25	12		2,232,551	
9	4	608	NA	NA	120	0.46	12		2,233,159	
10	4	550	NA	NA	111+39=150	0.40	9		2,233,709	
11	4	185	NA	NA	147	1.30	3		2,233,894	
12		-	NA	NA						
13		-	NA	NA						
14	4	66	NA	NA	143	0.05	4		2,233,960	
15	4	70	NA	NA	143	0.37			2,234,030	
16	4	64	NA	NA	137	0.05	6		2,234,094	
17	4	64	NA	NA	137	0.15			2,234,158	
18	4	-	NA	NA	137	0.38			2,234,158	
19		-	NA	NA						
20		-	NA	NA						
21	4	191	NA	NA	137	0.08			2,234,349	
22	4	290	NA	NA	132	0.70	5		2,234,639	
23	4	314	NA	NA	125=25=150	0.95	7		2,234,953	
24		-	NA	NA						
25		-	NA	NA						
26	4	608	NA	NA	138	0.90	12		2,235,561	
27		-	NA	NA						
28	4	308	NA	NA	134	0.45	4		2,235,869	
29	4	271	NA	NA	129	0.50	5		2,236,140	
30	4	250	NA	NA	123	0.59	6		2,236,390	
31		-	NA	NA						
Total		4,641	DAY'S	30			94			
AVG.		149.71				0.46	6.7			

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: 12-5-11

Operator Grade Level 1A-SW/GUI

Public Water System Name Brookhaven National Laboratory	Reporting Month/Year 11/2011	Date Report Submitted 11/30/2011	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GVUDI
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				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)					
					135				879,904	
1	6	114	NA	NA	131	1.00	4		880,018	
2	6	130	NA	NA	130	0.19	1		880,148	
3	6	169	NA	NA	120+30	0.46	10		880,317	
4	6	209	NA	NA	138	0.37	12		880,526	
5		-	NA	NA						
6		-	NA	NA						
7	6	376	NA	NA	129	0.04	9		880,902	
8	6	36	NA	NA	127	0.25	2		880,938	
9	6	46	NA	NA	126	0.46	1		880,984	
10	6	38	NA	NA	126+24=150	0.40			881,022	
11	6	140	NA	NA	144	1.30	6		881,162	
12		-	NA	NA						
13		-	NA	NA						
14	6	599	NA	NA	126	0.05	18		881,761	
15	6	150	NA	NA	123	0.37	3		881,911	
16	6	239	NA	NA	117	0.05	6		882,150	
17	6	155	NA	NA	113	0.15	4		882,305	
18	6	203	NA	NA	108+27	0.38	5		882,508	
19		-	NA	NA						
20		-	NA	NA						
21	6	856	NA	NA	117	0.08	18		883,364	
22	6	59	NA	NA	117	0.70			883,423	
23	6	154	NA	NA	110+40=150	0.95	7		883,577	
24		-	NA	NA						
25		-	NA	NA						
26	6	141	NA	NA	150	0.90			883,718	
27		-	NA	NA						
28	6	20	NA	NA	146	0.45	4		883,738	
29	6	-	NA	NA	146	0.50			883,738	
30	6	28	NA	NA	141	0.59	5		883,766	
31		-	NA	NA						
Total		3,862	DATA'S	30			115			
AVG.		124.58				0.46	6.8			

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: 12-5-11 Operator Grade Level 1A-SW/GUI

Public Water System Name Brookhaven National Laboratory	Reporting Month/Year 11/2011	Date Report Submitted 11/30/2011	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GUDI
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			
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)	Hypochlorite used/day			Daily Totalizer
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					115					3,432,273
1	7	461	NA	NA	100	1.00	15			3,432,734
2	7	535	NA	NA	86	0.19	14			3,433,269
3	7	438	NA	NA	70+80	0.46	16			3,433,707
4	7	499	NA	NA	126	0.37	24			3,434,206
5		-	NA	NA						
6		-	NA	NA						
7	7	1,297	NA	NA	96	0.04	30			3,435,503
8	7	199	NA	NA	90	0.25	6			3,435,702
9	7	150	NA	NA	87	0.46	3			3,435,852
10	7	176	NA	NA	78+72=150	0.40				3,436,028
11	7	312	NA	NA	138	1.30	12			3,436,340
12		-	NA	NA						
13		-	NA	NA						
14	7	1,177	NA	NA	108	0.05	30			3,437,517
15	7	557	NA	NA	92	0.37	16			3,438,074
16	7	512	NA	NA	77	0.05	15			3,438,586
17	7	456	NA	NA	69	0.15	8			3,439,042
18	7	545	NA	NA	54+86	0.38	15			3,439,587
19		-	NA	NA						
20		-	NA	NA						
21	7	1,205	NA	NA	120	0.08	20			3,440,792
22	7	559	NA	NA	105	0.70	15			3,441,351
23	7	588	NA	NA	90+60=150	0.95	15			3,441,939
24		-	NA	NA						
25		-	NA	NA						
26	7	1,268	NA	NA	120	0.90	30			3,443,207
27		-	NA	NA						
28	7	1,049	NA	NA	93	0.45	27			3,444,256
29	7	489	NA	NA	81	0.50	12			3,444,745
30	7	489	NA	NA	69	0.59	12			3,445,234
31		-	NA	NA						
Total		12,961	DAY'S	30			335			
AVG.		418.10				0.46	16.8			

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:  Date: 12-5-11 Operator Grade Level: 1A-SW/GUI

Public Water System Name Brookhaven National Laboratory	Reporting Month/Year 11/2011	Date Report Submitted 11/30/2011	Source Water Type(s) <input type="checkbox"/> Surface <input type="checkbox"/> Ground <input type="checkbox"/> Other
Public Water System ID 5111891	County Suffolk	Town, Village, or City Upton, New York 11973	Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination <input type="checkbox"/>

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)					
					75				821,605	
1	10	-	NA	NA	75	NR		NR	821,605	
2	10	-	NA	NA	75	NR		NR	821,605	
3	10	-	NA	NA	75	NR		NR	821,605	
4	10	-	NA	NA	75	NR		NR	821,605	
5		-	NA	NA						
6		-	NA	NA						
7	10	-	NA	NA	75	NR		NR	821,605	
8	10	-	NA	NA	75	NR		NR	821,605	
9	10	-	NA	NA	75	NR		NR	821,605	
10	10	-	NA	NA	75	NR		NR	821,605	
11	10	-	NA	NA	75	NR		NR	821,605	
12		-	NA	NA						
13		-	NA	NA						
14	10	-	NA	NA	75	NR		NR	821,605	
15	10	-	NA	NA	75	NR		NR	821,605	
16	10	-	NA	NA	75	NR		NR	821,605	
17	10	-	NA	NA	75	NR		NR	821,605	
18	10	-	NA	NA	75	NR		NR	821,605	
19		-	NA	NA						
20		-	NA	NA						
21	10	-	NA	NA	75	NR		NR	821,605	
22	10	-	NA	NA	75	NR		NR	821,605	
23	10	-	NA	NA	75	NR		NR	821,605	
24		-	NA	NA						
25		-	NA	NA						
26	10	-	NA	NA	75	NR		NR	821,605	
27		-	NA	NA						
28	10	-	NA	NA	75	NR		NR	821,605	
29	10	-	NA	NA	75	NR		NR	821,605	
30	10	-	NA	NA	75	NR		NR	821,605	
31		-	NA	NA						
Total		-	DAYS	30.00						
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: 12-5-11 Operator Grade Level: 1A-SW/GUI

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	11/2011	11/30/2011	<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.: 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 Hypochlorite		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					90				146,473	
1	11	8	NA	NA	90	NR		NR	146,481	
2	11	3	NA	NA	90	NR		NR	146,484	
3	11	-	NA	NA	90	NR		NR	146,484	
4	11	-	NA	NA					146,484	
5		-	NA	NA						
6		-	NA	NA						
7	11	-	NA	NA	90	NR		NR	146,484	
8	11	-	NA	NA	90	NR		NR	146,484	
9	11	-	NA	NA	90	NR		NR	146,484	
10	11	-	NA	NA	90	NR		NR	146,484	
11	11	-	NA	NA	90+12	NR		NR	146,484	
12		-	NA	NA						
13		-	NA	NA						
14	11	-	NA	NA	102	NR		NR	146,484	
15	11	-	NA	NA	102	NR		NR	146,484	
16	11	-	NA	NA	102	NR		NR	146,484	
17	11	-	NA	NA	102	NR		NR	146,484	
18	11	-	NA	NA	102	NR		NR	146,484	
19		-	NA	NA						
20		-	NA	NA						
21	11	16	NA	NA	102	NR		NR	146,500	
22	11	-	NA	NA	102	NR		NR	146,500	
23	11	-	NA	NA	102	NR		NR	146,500	
24		-	NA	NA						
25		-	NA	NA						
26	11	-	NA	NA	102	NR		NR	146,500	
27		-	NA	NA						
28	11	-	NA	NA	102	NR		NR	146,500	
29	11	-	NA	NA	102	NR		NR	146,500	
30	11	-	NA	NA	102	NR		NR	146,500	
31		-	NA	NA						
Total		27	DAY'S	30						
AVG.		0.87								

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: 12-5-11 Operator Grade Level 1A-SW/GUI

Public Water System Name Brookhaven National Laboratory	Reporting Month/Year 11/2011	Date Report Submitted 11/30/2011	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Other
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.: 12	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)	OOS				
1	12	-	NA	NA	OOS	NR		NR	869,261	
2	12	-	NA	NA	OOS	NR		NR	869,261	
3	12	-	NA	NA	OOS	NR		NR	869,261	
4	12	-	NA	NA	OOS	NR		NR	869,261	
5		-	NA	NA						
6		-	NA	NA						
7	12	-	NA	NA	OOS	NR		NR	869,261	
8	12	-	NA	NA	OOS	NR		NR	869,261	
9	12	-	NA	NA	OOS	NR		NR	869,261	
10	12	-	NA	NA	OOS	NR		NR	869,261	
11	12	-	NA	NA						
12		-	NA	NA						
13		-	NA	NA						
14	12	-	NA	NA	OOS	NR		NR	869,261	
15	12	-	NA	NA	OOS	NR		NR	869,261	
16	12	-	NA	NA	OOS	NR		NR	869,261	
17	12	-	NA	NA	OOS	NR		NR	869,261	
18	12	-	NA	NA	OOS	NR		NR	869,261	
19		-	NA	NA						
20		-	NA	NA						
21	12	-	NA	NA	OOS	NR		NR	869,261	
22	12	-	NA	NA	OOS	NR		NR	869,261	
23	12	-	NA	NA	OOS	NR		NR	869,261	
24		-	NA	NA						
25		-	NA	NA						
26	12	-	NA	NA	OOS	NR		NR	869,261	
27		-	NA	NA						
28	12	-	NA	NA	OOS	NR		NR	869,261	
29	12	-	NA	NA	OOS	NR		NR	869,261	
30	12	-	NA	NA	OOS	NR		NR	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: 12-5-11 Operator Grade Level 1A-SW/GUI

PUMP DATA Nov-11

(Month)

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	16	114	461	0	8	0	599
2	82	130	535	0	3	0	750
3	99	169	438	0	0	0	706
4	93	209	499	0	0	0	801
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	60	376	1,297	0	0	0	1,733
8	452	36	199	0	0	0	687
9	608	46	150	0	0	0	804
10	550	38	176	0	0	0	764
11	185	140	312	0	0	0	637
12	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0
14	66	599	1,177	0	0	0	1,842
15	70	150	557	0	0	0	777
16	64	239	512	0	0	0	815
17	64	155	456	0	0	0	675
18	0	203	545	0	0	0	748
19	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0
21	191	856	1,205	0	16	0	2,268
22	290	59	559	0	0	0	908
23	314	154	588	0	0	0	1,056
24	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0
26	608	141	1,268	0	0	0	2,017
27	0	0	0	0	0	0	0
28	308	20	1,049	0	0	0	1,377
29	271	0	489	0	0	0	760
30	250	28	489	0	0	0	767
31	0	0	0	0	0	0	0
Total	4,641	3,862	12,961	0	27	0	21,491

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	2,236,390	2,231,749	4,641
Well 6	883,766	879,904	3,862
Well 7	3,445,234	3,432,273	12,961
Well 10	821,605	821,605	0
Well 11	146,500	146,473	27
Well 12	869,261	869,261	0

AGS Water Supply Meter

1,083,962

1,083,962

0.00

ADD A 1 TO
THE START OF #

Biology Building - Well 9

OOS

#VALUE!

ATTACHMENT II

Brookhaven National Laboratory

Potable Water Supply

**November 2011 Biweekly Water Quality Monitoring Data
for the BNL Distribution System and Potable Water Wells**

Attachment II
Table 1 - Summary of Water Quality Analyses
for the BNL Potable Water System
November 2011

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (μ mhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	11/1/11	7.5	52	167	ANR	ANR
WTP	11/3/11	7.9	56	187	ANR	ANR
WTP	11/8/11	7.7	57	181	ANR	ANR
WTP	11/10/11	7.7	57	200	ANR	ANR
WTP	11/15/11	7.8	57	180	ANR	ANR
WTP	11/17/11	7.8	57	181	ANR	ANR
WTP	11/22/11	7.6	54	176	ANR	ANR
WTP	11/26/11	7.3	54	174	ANR	ANR
WTP	11/29/11	7.7	55	183	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

November 2011 Stage 1 Disinfectants & Disinfection Byproduct Rule

Monitoring Data and Bacteriological Analyses for the BNL Distribution System

Attachment III

**November 2011 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data
Table II - Maximum Residual Disinfectant Level (MRDL) Compliance**

Location	Total Residual Chlorine (mg/L)											
	Dec. 10	Jan. 11	Feb. 11	Mar. 11	Apr. 11	May 11	June 11	July 11	Aug. 11	Sept. 11	Oct. 11	Nov. 11
Bldg. 49 Water Tower	0.9	0.7	1.0	0.7	1.1	1.0	0.9	0.8	0.5	0.8	0.8	0.4
Bldg. 640 Water Tower	0.4	0.5	0.7	0.8	0.7	0.9	0.7	0.5	0.4	0.6	0.4	0.3
Bldg. 363 Apt. Laundry	0.5	0.4	0.6	0.7	0.4	1.0	0.5	0.7	0.4	0.7	0.4	0.4
Bldg. 1005 RHIC	0.7	0.3	0.7	0.63	0.5	1.1	0.5	0.7	0.5	0.6	0.4	0.4
Bldg. 930 LINAC	NS	0.7	NS	1.0	NS	0.9	NS	0.7	0.7	0.8	NS	0.6
Bldg. 725 NSLS	0.4	NS	0.8	NS	0.8	NS	0.5	NS	0.7	NS	0.5	NS
Bldg. 490 Outpatient Clinic	NS	1.0	NS	0.8	NS	0.9	NS	0.5	NS	0.6	NS	0.5
Bldg. 490 Block 11	NS	1.0	NS	0.6	NS	0.8	NS	0.5	NS	0.6	NS	0.7
Bldg. 490 Block 1 ACF	0.7	NS	0.4	NS	0.7	NS	0.6	NS	0.7	NS	0.5	NS
Bldg. 490 Block 4 MRC	0.4	NS	0.7	NS	0.6	NS	0.6	NS	-	-	-	-
Bldg. 490 Block 6 Kitchen	-	-	-	-	-	-	-	-	0.7	NS	0.6	NS
Monthly Average	0.6	0.7	0.7	0.8	0.7	0.9	0.6	0.6	0.6	0.7	0.5	0.4

NA - Not Applicable

NS- Not Scheduled for sampling

Bldg 490 Block 6 Replaces Block 4 MRC

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

EcoTest Laboratories Inc
377 Sheffield Ave
North Babylon, NY 11703
631 422-5777

LAB NO.114900.01

11/07/11

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

ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 094-273

SOURCE OF SAMPLE: 31307

COLLECTED BY: Client

DATE COL'D:11/01/11.RECEIVED:11/01/11

TIME COL'D:0845

MATRIX:W

SAMPLE: B-49 Water Tower
31307-001

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG	OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent	110111 1356			0	S189223
E.Coli, 100mL		Absent	110111 1356			0	S189223
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

Thomas Powell

DIRECTOR 

rn = 29358

NYSDOH ID # 10320

Page 1 of 1

EcoTest Laboratories, Inc
377 Sheffield Ave
North Babylon, NY 11703
631 422-5777

LAB NO. 114900.02

11/07/11

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000
ATTN: William Chaloupka PO#: 0000143228

SOURCE OF SAMPLE: 076-408
SOURCE OF SAMPLE: 31307
COLLECTED BY: Client DATE COL'D: 11/01/11 RECEIVED: 11/01/11
TIME COL'D: 0630
MATRIX: W SAMPLE: B-640 Water Tower
31307-002

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T. Coliform, 100 mL		Absent		110111 1356	0	S189223
E. Coli, 100mL		Absent		110111 1356	0	S189223
Free Chlorine Resid.	mg/L	0.25	*			

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

Thomas Powell

DIRECTOR 

EcoTest Laboratories Inc
377 Sheffield Ave
North Babylon, NY 11703
631 422-5777

LAB NO.114900.03

11/07/11

Brookhaven National Laboratory
Bldg. 452, P.O. Box 5000
Upton, NY 11973-5000
ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 045-12

SOURCE OF SAMPLE: 31307

COLLECTED BY: Client

DATE COL'D:11/01/11 RECEIVED:11/01/11

TIME COL'D:0730

MATRIX:W

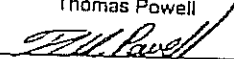
SAMPLE: B-1005 RHIC
31307-003

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Colliform, 100 mL		Absent	110111 1356		0	S189223
E.Coli, 100mL		Absent	110111 1356		0	S189223
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

Thomas Powell
DIRECTOR 

EcoTest Laboratories Inc
377 Sheffield Ave
North Babylon, NY 11703
631 422-5777

LAB NO.114900.04

11/07/11

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

ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 109-19

SOURCE OF SAMPLE: 31307

COLLECTED BY: Client DATE COL'D:11/01/11, RECEIVED:11/01/11
TIME COL'D:0700

MATRIX:W SAMPLE: B-363 APT. Laundry
31307-004

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG	OF ANALYSIS	LRL	ANALYTICAL
							METHOD
T.Coliform, 100 mL		Absent	110111 1356			0	S189223
E.Coli, 100mL		Absent	110111 1356			0	S189223
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

Thomas Powell

DIRECTOR 

EcoTest Laboratories Inc
377 Sheffield Ave
North Babylon, NY 11703
631 422-5777

LAB NO.114900.05

11/07/11

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: 31307

COLLECTED BY: Client

DATE COL'D:11/01/11 RECEIVED:11/01/11

TIME COL'D:0715

MATRIX:W

SAMPLE: B-930 LINAC
31307-005

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG	OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent	110111 1356			0	S189223
E.Coli, 100mL		Absent	110111 1356			0	S189223
Free Chlorine Resid.	mg/L	0.6		*			

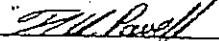
cc:BNL, Robert J. Lee

LRL=laboratory Reporting Limit

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

Thomas Powell

DIRECTOR



EcoTest Laboratories Inc
377 Sheffield Ave
North Babylon, NY 11703
631 422-5777

LAB NO.114900.06

11/07/11

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: 31307

COLLECTED BY: Client

DATE COL'D:11/01/11,RECEIVED:11/01/11

TIME COL'D:0800

MATRIX:W

SAMPLE: B-490 Outpatient Clinic
31307-006

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME	FLAG	OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent	110111 1356			0	S189223
E.Coli, 100mL		Absent	110111 1356			0	S189223
Free Chlorine Resid.	mg/L	0.54		*			

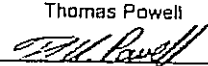
cc:BNL, Robert J. Lee

LRL=laboratory Reporting Limit

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

Thomas Powell

DIRECTOR



EcoTest Laboratories Inc
377 Sheffield Ave
North Babylon, NY 11703
631 422-5777

LAB NO.114900.07

11/07/11

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: 31307

COLLECTED BY: Client

DATE COL'D:11/01/11 RECEIVED:11/01/11

TIME COL'D:0910

MATRIX:W

SAMPLE: B-490 Block 11
31307-007

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent	110111 1356	0	S189223
E.Coli, 100mL		Absent	110111 1356	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

Thomas Powell

DIRECTOR

Page 1 of 1

EcoTest Laboratories Inc
377 Sheffield Ave
North Babylon, NY 11703
631 422-5777

LAB NO.114900.08

11/07/11

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

ATTN: William Chaloupka

PO#:0000143228

SOURCE OF SAMPLE: 094-273

SOURCE OF SAMPLE: 31307

COLLECTED BY: Client DATE COL'D:11/01/11 RECEIVED:11/01/11
TIME COL'D:0845

MATRIX:W SAMPLE: Field Dup B-49 Water Tower
31307-008

ANALYTICAL PARAMETERS	UNITS	RESULT	DATE TIME FLAG OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Colliform, 100 mL		Absent	110111 1356	0	S189223
E.Coli, 100mL		Absent	110111 1356	0	S189223
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

Thomas Powell

DIRECTOR 

ATTACHMENT IV

Brookhaven National Laboratory

Potable Water Supply

2011 Fourth Quarter Radiological Analyses

for the BNL Potable Water Wells.

ATTACHMENT IV

Table 3
Summary of 2011 Fourth Quarter Radiological Analyses for the
BNL Potable Water Wells

Well ID	Sample Date	Gross Alpha (pCi/L)	Gross Beta (pCi/L)	Tritium (pCi/L)	Sr-90 (pCi/L)	Radium 228 (pCi/L)
Well # 4	10/6/11	< 1.1	1.28	< 170	< 0.27	< 0.35
Well #6	10/6/11	< 1.1	< 1.2	< 170	< 0.30	< 0.41
Well #7	10/6/11	1.13	1.28	< 170	< 0.33	< 0.40
Well # 10	10/6/11	< 1.1	1.07	< 200	< 0.34	< 0.40
Well # 10 (Duplicate)	10/6/11	< 1.2	< 1.1	< 170	< 0.32	< 0.37
Well # 11	10/6/11	< 1.2	1.47	< 170	< 0.31	< 0.39

Brookhaven National Labs

Client Sample ID: 29270-006

Radiochemistry

Lab Sample ID: F1J070419-006
 Work Order: MM2ET
 Matrix: WATER

Date Collected: 10/06/11 1025
 Date Received: 10/07/11 0915

Well #4

Parameter	Result	Qual	Total Uncert. (2 σ +/-)	RL	MDC	Prep Date	Analysis Date
Gross Alpha/Beta EPA 900							
Gross Alpha	-0.14	U	0.47	2.00	1.1	10/17/11	10/21/11
Gross Beta	1.28		0.70	4.00	1.0	10/17/11	10/21/11
TRITIUM (Distill) by EPA 906.0 MOD							
Tritium	-65	U	77	500	170	10/14/11	10/14/11
Gamma Cs-137 & Hits by EPA 901.1 MOD							
Americium 241	-9	U	17	25	28	10/10/11	10/11/11
Beryllium 7	-7	U	37	60	67	10/10/11	10/11/11
Cesium 134	1.6	U	2.4	5.0	9.3	10/10/11	10/11/11
Cesium 137	-1.6	U	6.6	12.0	12	10/10/11	10/11/11
Cobalt 57	-0.1	U	4.0	5.0	6.9	10/10/11	10/11/11
Cobalt 60	-0.2	U	5.8	22.0	11	10/10/11	10/11/11
Europium 152	4	U	14	84	89	10/10/11	10/11/11
Europium 154	3.6	U	5.2	57.0	85	10/10/11	10/11/11
Europium 155	9	U	16	359	26	10/10/11	10/11/11
Manganese 54	0.5	U	4.7	6.0	8.7	10/10/11	10/11/11
Sodium 22	-0.8	U	6.4	7.0	12	10/10/11	10/11/11
Zinc 65	-3	U	12	15	21	10/10/11	10/11/11
SR-90 BY GFPC EPA-905 MOD							
Strontium 90	0.06	U	0.16	0.80	0.27	10/07/11	10/25/11
Radium 228 by GFPC EPA 904 MOD							
Radium 228	0.05	U	0.20	1.00	0.35	10/07/11	10/20/11

NOTE(S)

Data are incomplete without the case narrative.

MDC is determined by instrument performance only.

Bold results are greater than the MDC.

U Result is less than the sample detection limit.

Lot F1J070419-29270

Brookhaven National Labs

Client Sample ID: 29270-003

Radiochemistry

Lab Sample ID: FLJ070419-003
 Work Order: MM2EP
 Matrix: WATER

Date Collected: 10/06/11 1015
 Date Received: 10/07/11 0915

Well #6

Parameter	Result	Qual	Total Uncert. (2 σ +/-)	RL	MDC	Prep Date	Analysis Date
Gross Alpha/Beta EPA 900							
Gross Alpha	0.84	U	0.75	2.00	1.1	10/17/11	10/21/11
Gross Beta	1.11	U	0.79	4.00	1.2	10/17/11	10/21/11
TRITIUM (Distill) by EPA 906.0 MOD							
Tritium	-8	U	88	500	170	10/14/11	10/14/11
Gamma Cs-137 & Hits by EPA 901.1 MOD							
Americium 241	0.02	U	9.1	25.0	15	10/10/11	10/10/11
Beryllium 7	6	U	23	60	41	10/10/11	10/10/11
Cesium 134	-1.2	U	3.8	5.0	6.6	10/10/11	10/10/11
Cesium 137	0.8	U	3.7	12.0	6.5	10/10/11	10/10/11
Cobalt 57	0.2	U	3.3	5.0	5.6	10/10/11	10/10/11
Cobalt 60	1.2	U	4.5	22.0	8.0	10/10/11	10/10/11
Europium 152	2.4	U	9.3	84.0	52	10/10/11	10/10/11
Europium 154	15	U	19	57	56	10/10/11	10/10/11
Europium 155	5.6	U	5.7	359	23	10/10/11	10/10/11
Manganese 54	0.7	U	4.0	6.0	7.1	10/10/11	10/10/11
Sodium 22	-1.1	U	5.0	7.0	8.9	10/10/11	10/10/11
Zinc 65	-1.2	U	9.5	15.0	17	10/10/11	10/10/11
SR-90 BY GFPC EPA-905 MOD							
Strontium 90	0.01	U	0.17	0.80	0.30	10/07/11	10/25/11
Radium 228 by GFPC EPA 904 MOD							
Radium 228	0.27	U	0.26	1.00	0.41	10/07/11	10/20/11

NOTE(S)

Data are incomplete without the case narrative.

MDC is determined by instrument performance only.

Bold results are greater than the MDC.

U Result is less than the sample detection limit.

Lot F1J070419-29270

Brookhaven National Labs

Client Sample ID: 29270-004

Radiochemistry

Lab Sample ID: F1J070419-004
 Work Order: MM2EQ
 Matrix: WATER

Date Collected: 10/06/11 1000
 Date Received: 10/07/11 0915

Well #7

Parameter	Result	Qual	Total Uncert. (2 σ +/-)	RL	mdo	Prep Date	Analysis Date
Gross Alpha/Beta EPA 900							
				pCi/L		Batch # 1290060	Yld %
Gross Alpha	1.13		0.78	2.00	1.0	10/17/11	10/21/11
Gross Beta	1.28		0.76	4.00	1.1	10/17/11	10/21/11
TRITIUM (Distill) by EPA 906.0 MOD							
				pCi/L		Batch # 1287012	Yld %
Tritium	-17	U	87	500	170	10/14/11	10/14/11
Gamma Cs-137 & Hits by EPA 901.1 MOD							
				pCi/L		Batch # 1283129	Yld %
Americium 241	2.7	U	9.1	25.0	15	10/10/11	10/10/11
Beryllium 7	10	U	27	60	46	10/10/11	10/10/11
Cesium 134	3.1	U	2.9	5.0	4.5	10/10/11	10/10/11
Cesium 137	-0.8	U	4.6	12.0	8.1	10/10/11	10/10/11
Cobalt 57	-0.6	U	3.2	5.0	5.5	10/10/11	10/10/11
Cobalt 60	1.8	U	3.1	22.0	7.1	10/10/11	10/10/11
Europium 152	5	U	10	84	67	10/10/11	10/10/11
Europium 154	2.1	U	5.3	57.0	54	10/10/11	10/10/11
Europium 155	6	U	11	359	19	10/10/11	10/10/11
Manganese 54	-1.4	U	4.6	6.0	8.0	10/10/11	10/10/11
Sodium 22	-0.7	U	4.6	7.0	8.3	10/10/11	10/10/11
Zinc 65	-0.005	U	5.3	15.0	10	10/10/11	10/10/11
SR-90 BY GFPC EPA-905 MOD							
				pCi/L		Batch # 1280167	Yld % 77
Strontium 90	-0.007	U	0.19	0.80	0.33	10/07/11	10/25/11
Radium 228 by GFPC EPA 904 MOD							
				pCi/L		Batch # 1280166	Yld % 87
Radium 228	0.20	U	0.25	1.00	0.40	10/07/11	10/20/11

NOTE(S)

Data are incomplete without the case narrative.

MDC is determined by instrument performance only.

Bold results are greater than the MDC.

U Result is less than the sample detection limit.

Lot F1J070419-29270

Brookhaven National Labs
Client Sample ID: 29270-001

Radiochemistry

Lab Sample ID: F1J070419-001
Work Order: MM2EF
Matrix: WATER

Date Collected: 10/06/11 1035
Date Received: 10/07/11 0915

Well # 10

Parameter	Result	Qual	Total Uncert. (2 σ +/-)	RL	mdc	Prep Date	Analysis Date
Gross Alpha/Beta EPA 900							
Gross Alpha	-0.16	U	0.48	2.00	1.1	10/17/11	10/21/11
Gross Beta	1.07		0.67	4.00	0.99	10/17/11	10/21/11
TRITIUM (Distill) by EPA 906.0 MOD							
Tritium	-50	U	100	500	200	10/14/11	10/17/11
Gamma Cs-137 & Hits by EPA 901.1 MOD							
Americium 241	-3.3	U	8.6	25.0	14	10/10/11	10/10/11
Beryllium 7	11	U	24	60	41	10/10/11	10/10/11
Cesium 134	2.2	U	4.0	5.0	6.7	10/10/11	10/10/11
Cesium 137	0.5	U	4.1	12.0	7.2	10/10/11	10/10/11
Cobalt 57	0.9	U	3.4	5.0	4.7	10/10/11	10/10/11
Cobalt 60	-1.3	U	5.1	22.0	9.1	10/10/11	10/10/11
Europium 152	10	U	27	84	47	10/10/11	10/10/11
Europium 154	3.0	U	6.5	57.0	57	10/10/11	10/10/11
Europium 155	4	U	10	359	17	10/10/11	10/10/11
Manganese 54	-1.9	U	4.9	6.0	8.4	10/10/11	10/10/11
Sodium 22	-0.3	U	3.8	7.0	7.1	10/10/11	10/10/11
Zinc 65	-4	U	10	15	18	10/10/11	10/10/11
SR-90 BY GFPC EPA-905 MOD							
Strontium 90	-0.12	U	0.18	0.80	0.34	10/07/11	10/25/11
Radium 228 by GFPC EPA 904 MOD							
Radium 228	-0.1	U	0.21	1.00	0.40	10/07/11	10/20/11

NOTE(S)

Data are incomplete without the case narrative.

MDC is determined by instrument performance only.

Bold results are greater than the MDC.

U Result is less than the sample detection limit.

Lot F1J070419-29270

Brookhaven National Labs

Client Sample ID: 29270-005

Radiochemistry

Lab Sample ID: F1J070419-005
 Work Order: MM2ER
 Matrix: WATER

Date Collected: 10/06/11 0000
 Date Received: 10/07/11 0915

Well #10 (Duplicate)

Parameter	Result	Qual	Total Uncert. (2 σ +/-)	RL	mdc	Prep Date	Analysis Date
Gross Alpha/Beta EPA 900				pCi/L		Batch # 1290060	Yld %
Gross Alpha	0.15	U	0.61	2.00	1.2	10/17/11	10/21/11
Gross Beta	0.89	U	0.69	4.00	1.1	10/17/11	10/21/11
TRITIUM (Distill) by EPA 906.0 MOD				pCi/L		Batch # 1287012	Yld %
Tritium	-36	U	82	500	170	10/14/11	10/14/11
Gamma Cs-137 & Hits by EPA 901.1 MOD				pCi/L		Batch # 1283129	Yld %
Americium 241	3	U	15	25	25	10/10/11	10/10/11
Beryllium 7	11	U	41	60	72	10/10/11	10/10/11
Cesium 134	1.3	U	4.3	5.0	7.6	10/10/11	10/10/11
Cesium 137	0.03	U	4.8	12.0	9.0	10/10/11	10/10/11
Cobalt 57	0.9	U	4.2	5.0	7.2	10/10/11	10/10/11
Cobalt 60	-1.3	U	6.4	22.0	12	10/10/11	10/10/11
Europium 152	21	U	35	84	72	10/10/11	10/10/11
Europium 154	6	U	14	57	59	10/10/11	10/10/11
Europium 155	2	U	10	359	32	10/10/11	10/10/11
Manganese 54	0.8	U	5.3	6.0	9.6	10/10/11	10/10/11
Sodium 22	-1.7	U	7.2	7.0	13	10/10/11	10/10/11
Zinc 65	0.0	U	4.7	15.0	29	10/10/11	10/10/11
SR-90 BY GFPC EPA-905 MOD				pCi/L		Batch # 1280167	Yld % 75
Strontium 90	0.04	U	0.18	0.80	0.32	10/07/11	10/25/11
Radium 228 by GFPC EPA 904 MOD				pCi/L		Batch # 1280166	Yld % 92
Radium 228	-0.12	U	0.19	1.00	0.37	10/07/11	10/20/11

NOTE(S)

Data are incomplete without the case narrative.

MDC is determined by instrument performance only.

Bold results are greater than the MDC.

U Result is less than the sample detection limit.

Lot F1J070419-29270

Brookhaven National Labs

Client Sample ID: 29270-002

Radiochemistry

Lab Sample ID: F1J070419-002
 Work Order: MM2EN
 Matrix: WATER

Date Collected: 10/06/11 1045
 Date Received: 10/07/11 0915

Well #11

Parameter	Result	Qual	Total Uncert. (2 σ +/-)	RL	mco	Prep Date	Analysis Date
Gross Alpha/Beta EPA 900							
Gross Alpha	0.64	U	0.76	2.00	1.2	10/17/11	10/21/11
Gross Beta	1.47		0.73	4.00	1.0	10/17/11	10/21/11
TRITIUM (Distill) by EPA 906.0 MOD							
Tritium	41	U	97	500	170	10/14/11	10/14/11
Gamma Cs-137 & Hits by EPA 901.1 MOD							
Americium 241	-3.9	U	9.9	25.0	17	10/10/11	10/10/11
Beryllium 7	3	U	31	60	56	10/10/11	10/10/11
Cesium 134	2.4	U	3.0	5.0	16	10/10/11	10/10/11
Cesium 137	-0.2	U	4.7	12.0	8.5	10/10/11	10/10/11
Cobalt 57	2.2	U	3.6	5.0	5.0	10/10/11	10/10/11
Cobalt 60	0.6	U	4.7	22.0	8.9	10/10/11	10/10/11
Europium 152	9	U	13	84	60	10/10/11	10/10/11
Europium 154	8	U	21	57	57	10/10/11	10/10/11
Europium 155	4.2	U	7.3	359	21	10/10/11	10/10/11
Manganese 54	-0.8	U	4.5	6.0	8.1	10/10/11	10/10/11
Sodium 22	-0.9	U	5.8	7.0	11	10/10/11	10/10/11
Zinc 65	-0.2	U	12	15	21	10/10/11	10/10/11
SR-90 BY GFPC EPA-905 MOD							
Strontium 90	0.04	U	0.18	0.80	0.31	10/07/11	10/25/11
Radium 228 by GFPC EPA 904 MOD							
Radium 228	-0.004	U	0.22	1.00	0.39	10/07/11	10/20/11

NOTE(S)

- Data are incomplete without the case narrative.
- MDC is determined by instrument performance only.
- Bold results are greater than the MDC.
- U Result is less than the sample detection limit.

ASL Profile No.

Page 1 of 2

Carrier Waybill #

Chain of Custody No.

Requires EBD

DOL



RO #

29270

SAMPLING CHAIN OF CUSTODY

Requested By: Robert Lee
 Name: EPD Field Sampling Team
 Title: 20222
 Contact: R. Lagatolla
 Address: Test America
 City: St. MO Zip:
 Dept: ES
 Phone: 631 344 7429
 Email Report To:
 Email/Fac:
 Sampler: R. Moore
 Email/Fac:
 ES F Well
 R Lee

Well ID	Well Loc	Sample Information	Depth/Type	Date	Time	Well	Name/Description	Cont. Volume	Contn. Fraction	Preserve	Alpha/Beta	Thorium	Gross	Strontium	Radium 228	Nuclide-specific Alpha	PCBs	Metals
001	E G	Well 10	91-140	10/6/11	1035	W	Well 10	250ml	AG	1								
001	E G	Well 10	91-140			W	Well 10	1L	P	1								
001	E G	Well 10	91-140			W	Well 10	4L	P	1								
002	E G	Well 11	93-142			W	Well 11	250ml	AG	1								
002	E G	Well 11	93-142			W	Well 11	1L	P	1								
002	E G	Well 11	93-142			W	Well 11	4L	P	1								
003	E G	Well 5	98-150			W	Well 5	250ml	AG	1								
003	E G	Well 5	98-150			W	Well 5	1L	P	1								
003	E G	Well 5	98-150			W	Well 5	4L	P	1								
004	E G	Well 7	99-150			W	Well 7	250ml	AG	1								
004	E G	Well 7	99-150			W	Well 7	1L	P	1								
004	E G	Well 7	99-150			W	Well 7	4L	P	1								
005	E G	BD-1	0			W	Blind Duplicate	250ml	P	1								
005	E G	BD-1	0			W	Blind Duplicate	1L	P	1								

1. Requisitioned By/Date/Time: R. Moore, 10/6/11
 Signature: [Signature]
 Print: [Name]
 2. Requisitioned By/Date/Time: [Signature]
 Signature: [Signature]
 Print: [Name]
 3. Requisitioned By/Date/Time: [Signature]
 Signature: [Signature]
 Print: [Name]

Concentration Lab Sample Deposit:
 Return To Client
 Archive For _____ Months
 Full
 Summary

Turn-Around Time Required:
 Rush (1 Day)
 14 Days
 30 Days
 7 Days
 Other ()

AST# Fred# No. _____

Page 2 of 2

BERNARDINI NATIONAL LABORATORY

Carrier/Waybill # _____
PO # _____

Chain of Custody No. 29270

Requires EDD DOL _____

SAMPLING CHAIN OF CUSTODY

Analysis Requested By		Sampling Coordinator		Analytical Laboratory	
Name: Robert Lee	EPD Field Sampling Team	Name: R. Lapetola	Test America		
Site No: 20222	Site: 3148	Contact: R. Lapetola	Address:		
Acct No: 19741	Dept: ES	Phone: 631 344 7129	City:	St: MD	Zip:
Email Reports To:		Email/Trac:			
1 R. Lee	Sampler:	R. Mader	Contact:		
Project Name:		Project Manager:		Field Engineer:	
ES-F-Well		R. Lee			

Type	UD	Est	Site ID/Tag/Le #	Depth/Type	Date	Time	Temp	Additional Sample Information	Conc. Values	Section	Preservation	Analysis Requested
005	E	G	BD-1	0	10/6/11	1035	W	Blind Duplicate	4L	P	1	Hmo3
006	E	G	Well 4	95-147	1035	1035	W	Well 4	250ml	AG	1	Hmo3
006	E	G	Well 4	95-147			W	Well 4	1L	P	1	Hmo3
006	E	G	Well 4	95-147			W	Well 4	4L	P	1	Hmo3
001	E	G	Well 10	91-140			W	Well 10	250ml	P	1	Hmo3

1 Relinquished By/Date/Time	Signature: <u>R. Mader</u>	Print: <u>R. Mader</u>	10/6/11
2 Relinquished By/Date/Time	Signature: _____	Print: _____	_____
3 Relinquished By/Date/Time	Signature: _____	Print: _____	_____

Contractor Lab Sample Disposal

Return To Client

Archive For _____ Months

Full Summary

Turn-Around Time Required:

Rush (1 Day)

14 Days

30 Days

7 Days

Other ()

33 of 34

Lot F1J070419-29270

TestAmerica St Louis

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



FACSIMILE TRANSMITTAL SHEET

Fax #: 631-344-6079

Date:	December 7, 2011
To:	Ms. Mary La Flair
Company:	Suffolk County Department of Health Services
Fax #:	631-852-5787
From:	Jason Remien for Jennifer Higbie
Phone Ext.:	631-344-5919 (or email: Higbie@bnl.gov)

Number of Pages (including cover sheet):	
--	--

Comments:

Attached is a letter from Robert Lee with the Subject: Monthly Water Treatment Plant reports for November 2011.

Included with the letter are

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

Attachment III: November 2011 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 1469
 CONNECTION TEL 98525787
 CONNECTION ID
 ST. TIME 12/07 10:56
 USAGE T 09'07
 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:	December 7, 2011
To:	Ms. Mary La Flair
Company:	Suffolk County Department of Health Services
Fax #:	631-852-5787
From:	Jason Remien for Jennifer Higbie
Phone Ext.:	631-344-5919 (or email: Higbie@bnl.gov)

Number of Pages (including cover sheet):

Comments:

Attached is a letter from Robert Lee with the Subject: Monthly Water Treatment Plant reports for November 2011.

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