Environmental Protection Division

BROOKHAVEN
NATIONAL LABORATORY

81 Cornell Ave., Bldg. 120
P. O. Box 5000
Upton, NY 11973-5000
Phone 631 344-3148
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Managed by Brookhaven Science Associates
for the U.S. Department of Energy

July 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 June 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 June.
Attachment II:	June 2011 Biweekly Water Quality Monitoring Data for the BNL Distribution System and Potable Water Wells.
Attachment III:	June 2011 and Supplemental Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data and Bacteriological Analyses for the BNL Distribution System.
Attachment IV:	2011 Annual Asbestos Analysis for the BNL Potable Water Distribution System.

A positive sample was detected for total coliform on June 7th at the Bldg 490 Block 4 MRC. A repeat sample and an additional 6 samples (3 system and 3 wells) were taken on the 9th. All samples were negative.

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

NSF
Registered to ISO 14001

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.

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,

for

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.11

ATTACHMENT I

Brookhaven National Laboratory

Potable Water Supply

Monthly Operational Data for June 2011

for the BNL Potable Water System

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Water Treatment Facility

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	6/2011	6/30/2011	☐ Surface ☑ Ground ☐ GWUDI
Public Water System ID	**County**	**Town, Village, or City**	☐ Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	☐ Purchase w/out subsequent chlorination

DATE	Source(s) In Use Well(s) No.:	Treated water volume (1,000 gallons/day)	Chlorination: Gaseous: Cylinder weight (lbs.)	Chlorination: Gaseous: Chlorine used per day (lbs.)	Chlorination: Liquid: Hypochlorite (gallons Hypochlorite in Tank)	Free chlorine residual at entry point (mg/l) (WTF-624)	Other Treatments / Readings: Hypochlorite used/day (WTF - 624)	pH Lime Softening (WTF-624)	pH (Incoming RAW Water)	Daily Totalizer
					70					1,952,529
1	7+4	1,480	NA	NA	55+135=190	0.90	15	7.0	6.0	1,954,009
2	7+4	1,370	NA	NA	180	1.02	10	7.3	5.8	1,955,379
3	7+4	1,224	NA	NA	170	1.55	10	7.2	6.0	1,956,603
4		-	NA	NA						
5		-	NA	NA						
6	7+4	3,381	NA	NA	150	0.77	20	7.3	6.0	1,959,984
7	7+4+6	1,425	NA	NA	140	0.80	10	7.7	6.0	1,961,409
8	7+4+6	1,549	NA	NA	125	0.83	15	8.2	6.0	1,962,958
9	7+4+6	1,537	NA	NA	118	0.78	7	7.9	6.0	1,964,495
10	7+6+4	1,599	NA	NA	110	0.90	8	7.6	6.0	1,966,094
11		-	NA	NA						
12		-	NA	NA						
13	7+4+6	3,929	NA	NA	80	1.30	30	7.0	6.0	1,970,023
14	7+4+6	1,234	NA	NA	70	0.70	10	7.0	6.0	1,971,257
15	7+4+6	1,145	NA	NA	58	0.50	12	8.5	6.0	1,972,402
16	7+4+6	1,259	NA	NA	45	0.22	13	7.7	6.0	1,973,661
17	7+4+6	1,538	NA	NA	40+150	0.12	5	8.0	5.8	1,975,199
18		-	NA	NA						
19		-	NA	NA						
20	7+4+6	4,194	NA	NA	150	0.03	40	7.3	6.0	1,979,393
21	7+4+6	1,464	NA	NA	140	1.00	10	7.4	5.8	1,980,857
22	7+4+6	1,519	NA	NA	130	0.45	10	7.3	5.8	1,982,376
23	7+4+6	1,696	NA	NA	120+70	0.91	10	7.5	5.5	1,984,072
24	7+4+6	1,206	NA	NA	180	1.20	10	7.4	6.1	1,985,278
25		-	NA	NA						
26		-	NA	NA						
27	7+4+6	4,694	NA	NA	140	0.77	40	7.1	5.6	1,989,972
28	7+4+6	1,532	NA	NA	130	0.89	10	7.5	5.8	1,991,504
29	7+4+6	1,448	NA	NA	120	1.00	10	7.9	6.0	1,992,952
30	7+4+6	1,536	NA	NA	110	1.10	10	8.1	6.0	1,994,488
31		-	NA	NA						
Total		41,959	DAY'S	30			315			
AVG.		1,353.52				0.81	14.3			

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: L O Ross Date: 7-1-11 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)
B-49 WATER TOWER 094-273	7-Jun	1	☐ Yes ☑ No	☐ Yes ☑ No	0.9
B-640 WATER TOWER 076-408	7-Jun	1	☐ Yes ☑ No	☐ Yes ☑ No	0.66
B 1005 RHIC 045-12	7-Jun	1	☐ Yes ☑ No	☐ Yes ☑ No	0.51
B 363 APART. LAUNDRY 109-19	7-Jun	1	☐ Yes ☑ No	☐ Yes ☑ No	0.5
B-725 NSLS 075-602	7-Jun	1	☐ Yes ☑ No	☐ Yes ☑ No	0.5
B 490 BLOCK 1 ACF 084-69	7-Jun	1	☐ Yes ☑ No	☐ Yes ☑ No	0.55
B490 BLOCK 4 MRC 084-68	7-Jun	1	☑ Yes ☐ No	☐ Yes ☑ No	0.57
B-725 NSLS 075-602 FIELD DUP.	7-Jun	1	☐ Yes ☑ No	☐ Yes ☑ No	0.5
B-490 BLOCK 4 MRC 084-68	9-Jun	1	☐ Yes ☑ No	☐ Yes ☐ No	0.76
B-400 RESEARCH SUPPORT 084-81	9-Jun	1	☐ Yes ☑ No	☐ Yes ☐ No	0.65
B-463 BIOLOGY 084-82	9-Jun	1	☐ Yes ☑ No	☐ Yes ☐ No	0.8
B-488 CAFE 074-134	9-Jun	1	☐ Yes ☑ No	☐ Yes ☐ No	0.7
WELL-4 083-20	9-Jun	1	☐ Yes ☑ No	☐ Yes ☐ No	RAW
WELL -6 093-07	9-Jun	1	☐ Yes ☑ No	☐ Yes ☐ No	RAW
WELL - 7 092-03	9-Jun	1	☐ Yes ☑ No	☐ Yes ☐ No	RAW
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	
			☐ Yes ☐ No	☐ Yes ☐ No	

Population Served: 3,500

Number of microbiological monitoring samples required: 4

Number of microbiological monitoring samples taken: 7

Did an M&R violation o ☐ Yes ☑ No

If "Yes," check reason (s) bel

Actual number of samples is fewer than r

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? ☐ Yes ☑ 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.

Sample Collector(s): JOHN KULESA

Name of NYSDOH Certified Laboratory: Eco Test Lab , 377 Sheffeld 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:

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Well No. 4 - Supply to Water Treatment Facility

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	6/2011	6/30/2011	☐ Surface ☑ Ground ☐ GWUDI
Public Water System ID	**County**	**Town, Village, or City**	☐ Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	☐ Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 4	Treated water volume (1,000 gallons/day)	Chlorination: Gaseous: Cylinder weight (lbs.)	Chlorination: Gaseous: Chlorine used per day (lbs.)	Chlorination: Liquid	Free chlorine residual at entry point (mg/l)	Other Treatments / Readings: Hypochlorite used/day			Daily Totalizer
					81					2,182,071
1	4	418	NA	NA	72+53=135	0.65	9			2,182,489
2	4	388	NA	NA	126	0.25	9			2,182,877
3	4	363	NA	NA	120	0.17	6			2,183,240
4		-	NA	NA						
5		-	NA	NA						
6	4	892	NA	NA	96	0.30	24			2,184,132
7	4	35	NA	NA	96	0.37				2,184,167
8	4	43	NA	NA	93	0.50	3			2,184,210
9	4	1,234	NA	NA	66	0.51	27			2,185,444
10	4	1,459	NA	NA	33+117	0.50	33			2,186,903
11		-	NA	NA						
12		-	NA	NA						
13	4	1,256	NA	NA	132	0.14	18			2,188,159
14	4	433	NA	NA	125	0.10	7			2,188,592
15	4	337	NA	NA	123	0.12	2			2,188,929
16	4	334	NA	NA	117	0.22	6			2,189,263
17	4	520	NA	NA	105+45	0.12	2			2,189,783
18		-	NA	NA						
19		-	NA	NA						
20	4	1,450	NA	NA	129	0.03	21			2,191,233
21	4	464	NA	NA	120	0.23	9			2,191,697
22	4	434	NA	NA	115	0.22	5			2,192,131
23	4	473	NA	NA	108+42	0.54	7			2,192,604
24	4	368	NA	NA	135	0.25	15			2,192,972
25		-	NA	NA						
26		-	NA	NA						
27	4	1,757	NA	NA	114	0.16	21			2,194,729
28	4	631	NA	NA	104	0.26	10			2,195,360
29	4	607	NA	NA	93	0.15	11			2,195,967
30	4	857	NA	NA	80	0.37	13			2,196,824
31		-	NA	NA						
Total		14,753	DAY'S	30			258			
AVG.		475.90				0.28	12.3			

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: 7-1-11 Operator Grade Level 1A-SW/GUI

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Well No. 6 - Supply to Water Treatment Facility

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	6/2011	6/30/2011	☐ Surface ☑ Ground ☐ GWUDI
Public Water System ID	**County**	**Town, Village, or City**	☐ Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	☐ Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 6	Treated water volume (1,000 gallons/day)	Chlorination: Gaseous: Cylinder weight (lbs.)	Chlorination: Gaseous: Chlorine used per day (lbs.)	Chlorination: Liquid: Hypochlorite (gallons Hypochlorite in Tank)	Free chlorine residual at entry point (mg/l)	Other Treatments / Readings: Hypochlorite used/day			Daily Totalizer
					150					862,297
1	6	-	NA	NA	150	NA	NA			862,297
2	6	-	NA	NA	150	NA	NA			862,297
3	6	-	NA	NA	150	NA	NA			862,297
4		-	NA	NA						
5		-	NA	NA						
6	6	-	NA	NA	150	NA	NA			862,297
7	6	318	NA	NA	135	NA	15			862,615
8	6	472	NA	NA	120	NA	15			863,087
9	6	506	NA	NA	105	0.51	15			863,593
10	6	523	NA	NA	93+57	0.50	12			864,116
11		-	NA	NA						
12		-	NA	NA						
13	6	85	NA	NA	132	0.14	18			864,201
14	6	-	NA	NA	132	0.10				864,201
15	6	48	NA	NA	132	0.12				864,249
16	6	90	NA	NA	129	0.22	3			864,339
17	6	102	NA	NA	125+5	0.12	4			864,441
18		-	NA	NA						
19		-	NA	NA						
20	6	269	NA	NA	126	0.03	4			864,710
21	6	71	NA	NA	123	0.23	3			864,781
22	6	99	NA	NA	120	0.22	3			864,880
23	6	37	NA	NA	120	0.54				864,917
24	6	128	NA	NA	120	0.25				865,045
25		-	NA	NA						
26		-	NA	NA						
27	6	403	NA	NA	117	0.16	3			865,448
28	6	146	NA	NA	114	0.26	3			865,594
29	6	175	NA	NA	108	0.15	6			865,769
30	6	269	NA	NA	102	0.37	6			866,038
31		-	NA	NA						
Total		3,741	DATS	30			110			
AVG.		120.68				0.25	6.9			

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: 7-1-11 Operator Grade Level 1A-SW/GUI

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Well No. 7 - Supply to Water Treatment Facility

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	6/2011	6/30/2011	☐ Surface ☑ Ground ☐ GWUDI
Public Water System ID	**County**	**Town, Village, or City**	☐ Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	☐ Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 7	Treated water volume (1,000 gallons/day)	Chlorination: Gaseous: Cylinder weight (lbs.)	Chlorination: Gaseous: Chlorine used per day (lbs.)	Chlorination: Liquid: Hypochlorite (gallons Hypochlorite in Tank)	Free chlorine residual at entry point (mg/l)	Other Treatments / Readings: Hypochlorite used/day			Daily Totalizer
					51					3,300,309
1	7	1,278	NA	NA	27+123=150	0.65	24			3,301,587
2	7	1,166	NA	NA	132	0.25	18			3,302,753
3	7	982	NA	NA	117	0.17	15			3,303,735
4		-	NA	NA						
5		-	NA	NA						
6	7	3,068	NA	NA	75	0.30	42			3,306,803
7	7	1,241	NA	NA	60	0.37	15			3,308,044
8	7	1,354	NA	NA	44	0.50	16			3,309,398
9	7	229	NA	NA	36	0.51	8			3,309,627
10	7	3	NA	NA	35+115	0.50	1			3,309,630
11		-	NA	NA						
12		-	NA	NA						
13	7	2,945	NA	NA	100	0.14	50			3,312,575
14	7	1,100	NA	NA	80	0.10	20			3,313,675
15	7	975	NA	NA	63	0.12	17			3,314,650
16	7	1,134	NA	NA	42	0.22	21			3,315,784
17	7	1,306	NA	NA	20+130	0.12	22			3,317,090
18		-	NA	NA						
19		-	NA	NA						
20	7	2,475	NA	NA	81	0.03	69			3,337,188
21	7	1,187	NA	NA	63	0.24	18			3,338,375
22	7	1,254	NA	NA	45	0.22	18			3,339,629
23	7	1,471	NA	NA	30+120	0.54	15			3,341,100
24	7	1,023	NA	NA	126	0.25	24			3,342,123
25		-	NA	NA						
26		-	NA	NA						
27	7	4,012	NA	NA	49	0.16	77			3,346,135
28	7	1,337	NA	NA	27	0.26	23			3,347,472
29	7	1,063	NA	NA	9+141	0.15	18			3,348,535
30	7	889	NA	NA	134	0.37	16			3,349,424
31		-	NA	NA						
Total		31,492	DAY'S	30			547			
AVG.		1,015.87				0.28	24.9			

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: [illegible] Date: [illegible] Operator Grade Level 1A-SW/GUI

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Well No. 10 - Direct Supply to Distribution System

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	6/2011	6/30/2011	☐ Surface ☑ Ground ☐ GWUDI
Public Water System ID	**County**	**Town, Village, or City**	☐ Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	☐ Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 10	Treated water volume (1,000 gallons/day)	Chlorination: Gaseous: Cylinder weight (lbs.)	Chlorination: Gaseous: Chlorine used per day (lbs.)	Chlorination: Liquid: Hypochlorite (gallons Hypochlorite in Tank)	Free chlorine residual at entry point (mg/l)	Other Treatments / Readings: Hypochlorite used/day	Other Treatments / Readings: pH Sodium Hypochloride	Other Treatments / Readings:	Daily Totalizer
					72					821,456
1	10	-	NA	NA	72	NR	NA	NR		821,456
2	10	-	NA	NA	72	NR	NA	NR		821,456
3	10	-	NA	NA	72	NR	NA	NR		821,456
4		-	NA	NA						
5		-	NA	NA						
6	10	-	NA	NA	72	NR	NA	NR		821,456
7	10	-	NA	NA	72	NR	NA	NR		821,456
8	10	-	NA	NA	72	NR	NA	NR		821,456
9	10	145	NA	NA	63	NR	9	NR		821,601
10	10	-	NA	NA	63	NR	NA	NR		821,601
11		-	NA	NA						
12		-	NA	NA						
13	10	-	NA	NA	63	NR	NR	NR		821,601
14	10	-	NA	NA	63	NR	NR	NR		821,601
15	10	-	NA	NA	63	NR	NR	NR		821,601
16	10		NA	NA	63	NR	NR	NR		821,601
17	10	-	NA	NA	63	NR	NR	NR		821,601
18		-	NA	NA						
19		-	NA	NA						
20	10	-	NA	NA	63	NR	NR	NR		821,601
21	10	-	NA	NA	63	NR	NR	NR		821,601
22	10	-	NA	NA	63	NR	NR	NR		821,601
23	10	-	NA	NA	63	NR	NR	NR		821,601
24	10	-	NA	NA	63	NR	NR	NR		821,601
25		-	NA	NA						
26		-	NA	NA						
27	10	-	NA	NA	63	NR	NR	NR		821,601
28	10	-	NA	NA	63	NR	NR	NR		821,601
29	10	-	NA	NA	63	NR	NR	NR		821,601
30	10	-	NA	NA	63	NR	NR	NR		821,601
31		-	NA	NA						
Total		145	DAYS	30.00			9			
AVG.		4.68					9.0			

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: 7-1-11 Operator Grade Level 1A-SW/GUI

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Well No. 11 - Direct Supply to Distribution System

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	6/2011	6/30/2011	☐ Surface ☑ Ground ☐ GWUDI
Public Water System ID	**County**	**Town, Village, or City**	☐ Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	☐ Purchase w/out subsequent chlorination

DATE	Source(s) In Use Well No.: 11	Treated water volume (1,000 gallons/day)	Chlorination: Gaseous: Cylinder weight (lbs.)	Chlorination: Gaseous: Chlorine used per day (lbs.)	Chlorination: Liquid: Hypochlorite (gallons Hypochlorite in Tank)	Free chlorine residual at entry point (mg/l)	Other Treatments / Readings: Hypochlorite used/day	Other Treatments / Readings: pH Sodium Hypochloride	Other Treatments / Readings:	Daily Totalizer
					123					133,372
1	11	474	NA	NA	114	NR	9	NR		133,846
2	11	-	NA	NA	114	NR	NR	NR		133,846
3	11	-	NA	NA	114	NR	NR	NR		133,846
4		-	NA	NA						
5		-	NA	NA						
6	11	-	NA	NA	114	NR	NR	NR		133,846
7	11	-	NA	NA	114	NR	NR	NR		133,846
8	11	299	NA	NA	111	NR	3	NR		134,145
9	11	510	NA	NA	102	NR	9	NR		134,655
10	11	1,048	NA	NA		NR		NR		135,703
11		-	NA	NA						
12		-	NA	NA						
13	11	841	NA	NA	99	NR	3	NR		136,544
14	11	156	NA	NA	99	NR		NR		136,700
15	11	110	NA	NA	98	NR	1	NR		136,810
16	11	-	NA	NA	98	NR		NR		136,810
17	11	424	NA	NA	98+32	NR		NR		137,234
18		-	NA	NA						
19		-	NA	NA						
20	11	309	NA	NA	130	NR		NR		137,543
21	11	104	NA	NA	130	NR		NR		137,647
22	11	471	NA	NA	128	NR	2	NR		138,118
23	11	787	NA	NA	125	NR	3	NR		138,905
24	11	97	NA	NA	125	NR		NR		139,002
25		-	NA	NA						
26		-	NA	NA						
27	11	1,563	NA	NA	108	NR	17	NR		140,565
28	11	593	NA	NA	102	NR	5	NR		141,158
29	11	526	NA	NA	96	NR	6	NR		141,684
30	11	308	NA	NA	94	NR	2			141,992
31		-	NA	NA						
Total		8,620	DAYS	30			60			
AVG.		278.06					5.45			

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: 7-1-11 Operator Grade Level 1A-SW/GUI

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

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	6/2011	6/30/2011	☐ Surface ☑ Ground ☐ GWUDI
Public Water System ID	**County**	**Town, Village, or City**	☐ Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	☐ Purchase w/out subsequent chlorination

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

PUMP DATA JUNE 2011

(Month)

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	418	0	1,278	0	474	0	2,170
2	388	0	1,166	0	0	0	1,554
3	363	0	982	0	0	0	1,345
4	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0
6	892	0	3,068	0	0	0	3,960
7	35	318	1,241	0	0	0	1,594
8	43	472	1,354	0	299	0	2,168
9	1,234	506	229	145	510	0	2,624
10	1,459	523	3	0	1,048	0	3,033
11	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0
13	1,256	85	2,945	0	841	0	5,127
14	433	0	1,100	0	156	0	1,689
15	337	48	975	0	110	0	1,470
16	334	90	1,134	0	0	0	1,558
17	520	102	1,306	0	424	0	2,352
18	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0
20	1,450	269	2,475	0	309	0	4,503
21	464	71	1,187	0	104	0	1,826
22	434	99	1,254	0	471	0	2,258
23	473	37	1,471	0	787	0	2,768
24	368	128	1,023	0	97	0	1,616
25	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0
27	1,757	403	4,012	0	1,563	0	7,735
28	631	146	1,337	0	593	0	2,707
29	607	175	1,063	0	526	0	2,371
30	857	269	889	0	308	0	2,323
31	0	0	0	0	0	0	0
Total	14,753	3,741	31,492	145	8,620	0	58,751

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	2,196,824	2,182,071	14,753
Well 6	866,038	862,297	3,741
Well 7	3,349,424	3,300,309	49,115
Well 10	821,601	821,456	145
Well 11	141,992	133,372	8,620
Well 12	869,261	869,261	0

AGS Water Supply Meter	1,080,686	ADD A 1 TO THE START OF #	1,063,011	17675.00
Biology Building - Well 9	OOS	ADD A 0 TO	6,795,700	#VALUE!

ATTACHMENT II

Brookhaven National Laboratory

Potable Water Supply

June 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
June 2011

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	6/2/11	7.3	56	171	ANR	ANR
WTP	6/7/11	7.6	56	181	ANR	ANR
WTP	6/9/11	7.9	57	183	ANR	ANR
WTP	6/14/11	7.0	56	191	ANR	ANR
WTP	6/17/11	7.7	56	184	ANR	ANR
WTP	6/21/11	7.4	56	179	ANR	ANR
WTP	6/23/11	7.5	56	183	ANR	ANR
WTP	6/28/11	7.5	56	208	ANR	ANR
WTP	6/30/11	8.1	56	192	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

June 2011 and Supplemental Stage 1 Disinfectants & Disinfection Byproduct Rule

Monitoring Data and Bacteriological Analyses for the BNL Distribution System

Attachment III

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

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

NA - Not Applicable
NS- Not Scheduled for sampling

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

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.112541.01 07/07/11

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:
COLLECTED BY: Client DATE COL'D:06/07/11 RECEIVED:06/07/11
TIME COL'D:0830
MATRIX:W SAMPLE: B-49 Water Tower
31300-001

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060711 1506	0	S189223
E.Coli, 100mL		Absent		060711 1506	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

rn = 15502 NYSDOH ID # 10320

ECOTEST LABORATORIES, INC. *ENVIRONMENTAL TESTING*

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

LAB NO.112541.02 07/07/11

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:
COLLECTED BY: Client DATE COL'D:06/07/11 RECEIVED:06/07/11
TIME COL'D:0645
MATRIX:W SAMPLE: B-640 Water Tower
31300-002

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060711 1506	0	S189223
E.Coli, 100mL		Absent		060711 1506	0	S189223
Free Chlorine Resid.	mg/L	0.66	*			

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 = 15503 NYSDOH ID # 10320

ECOTEST LABORATORIES, INC. *ENVIRONMENTAL TESTING*

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

LAB NO.112541.03 07/07/11

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:
COLLECTED BY: Client DATE COL'D:06/07/11 RECEIVED:06/07/11
TIME COL'D:0700
MATRIX:W SAMPLE: B-1005 RHIC
31300-003

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060711 1506	0	S189223
E.Coli, 100mL		Absent		060711 1506	0	S189223
Free Chlorine Resid.	mg/L	0.51	*			

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

rm = 15504 NYSDOH ID # 10320

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.112541.04 07/07/11

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:
COLLECTED BY: Client DATE COL'D:06/07/11 RECEIVED:06/07/11
TIME COL'D:0730
MATRIX:W SAMPLE: B-363 Apt. Laundry
31300-004

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060711 1506	0	S189223
E.Coli, 100mL		Absent		060711 1506	0	S189223
Free Chlorine Resid.	mg/L	0.5	*			

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 = 15505 NYSDOH ID # 10320

ECOTEST LABORATORIES, INC. *ENVIRONMENTAL TESTING*

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

LAB NO.112541.05 07/07/11

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

SOURCE OF SAMPLE: 075-602
SOURCE OF SAMPLE:
COLLECTED BY: Client DATE COL'D:06/07/11 RECEIVED:06/07/11
TIME COL'D:0710
MATRIX:W SAMPLE: B-725 NSLS
31300-005

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060711 1506	0	S189223
E.Coli, 100mL		Absent		060711 1506	0	S189223
Free Chlorine Resid.	mg/L	0.5	*			

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 = 15506 NYSDOH ID # 10320

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.112541.06 07/07/11

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

SOURCE OF SAMPLE: 084-69
SOURCE OF SAMPLE:
COLLECTED BY: Client DATE COL'D:06/07/11 RECEIVED:06/07/11
TIME COL'D:0740
MATRIX:W SAMPLE: B-490 Block 1 ACF
31300-006

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060711 1506	0	S189223
E.Coli, 100mL		Absent		060711 1506	0	S189223
Free Chlorine Resid.	mg/L	0.55	*			

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 = 15507 NYSDOH ID # 10320

ECOTEST LABORATORIES, INC. *ENVIRONMENTAL TESTING*

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

LAB NO.112541.07 07/07/11

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

SOURCE OF SAMPLE: 084-68
SOURCE OF SAMPLE:
COLLECTED BY: Client DATE COL'D:06/07/11 RECEIVED:06/07/11
TIME COL'D:0745
MATRIX:W SAMPLE: B-490 Block 4 MRC
31300-007

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Present		060711 1506	0	S189223
E.Coli, 100mL		Absent		060711 1506	0	S189223
Free Chlorine Resid.	mg/L	0.57	*			

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: * Measured in the field by client.
Total Colform Bacteria exceeds NY State and Federal limits potable water. E.coli is within limits.

DIRECTOR

rn = 15508 NYSDOH ID # 10320

ECOTEST LABORATORIES, INC. *ENVIRONMENTAL TESTING*

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

LAB NO.112541.08 07/07/11

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

SOURCE OF SAMPLE: 075-602
SOURCE OF SAMPLE:
COLLECTED BY: Client DATE COL'D:06/07/11 RECEIVED:06/07/11
TIME COL'D:0710
MATRIX:W SAMPLE: Field Dup. B-725 NSLS
31300-008

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060711 1506	0	S189223
E.Coli, 100mL		Absent		060711 1506	0	S189223
Free Chlorine Resid.	mg/L	0.5	*			

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: * Measured in the field by client.
All values are within NY State and Federal limits for potable water.

DIRECTOR

rn = 15509 NYSDOH ID # 10320

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.112595.01 06/13/11

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

SOURCE OF SAMPLE: 084-68
SOURCE OF SAMPLE:
COLLECTED BY: Client DATE COL'D:06/09/11 RECEIVED:06/09/11
TIME COL'D:1100
MATRIX:W SAMPLE: B-490-Block 4 MRC
31301-001

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060911 1504	0	S189223
E.Coli, 100mL		Absent		060911 1504	0	S189223
Free Chlorine Resid.	mg/L	0.76	*			

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 = 15875 NYSDOH ID # 10320

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.112595.02 06/13/11

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

SOURCE OF SAMPLE: 084-81
SOURCE OF SAMPLE:
COLLECTED BY: Client DATE COL'D:06/09/11 RECEIVED:06/09/11
TIME COL'D:0935
MATRIX:W SAMPLE: B-400-Research Support
31301-002

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060911 1504	0	S189223
E.Coli, 100mL		Absent		060911 1504	0	S189223
Free Chlorine Resid.	mg/L	0.65	*			

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 = 15876 NYSDOH ID # 10320

Analytical results relate to the samples as received by the laboratory.

ECOTEST LABORATORIES, INC. *ENVIRONMENTAL TESTING*

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

LAB NO.112595.03 06/13/11

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

SOURCE OF SAMPLE: 084-82
SOURCE OF SAMPLE:
COLLECTED BY: Client DATE COL'D:06/09/11 RECEIVED:06/09/11
TIME COL'D:0955
MATRIX:W SAMPLE: B-463-Biology
31301-003

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060911 1504	0	S189223
E.Coli, 100mL		Absent		060911 1504	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

rn = 15877 NYSDOH ID # 10320

Analytical results relate to the samples as received by the laboratory.

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.112595.04 06/13/11

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

SOURCE OF SAMPLE: 074-134
SOURCE OF SAMPLE:
COLLECTED BY: Client DATE COL'D:06/09/11 RECEIVED:06/09/11
TIME COL'D:1005

MATRIX:W SAMPLE: B-488-Cafe
31301-004

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060911 1504	0	S189223
E.Coli, 100mL		Absent		060911 1504	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 = 15878 NYSDOH ID # 10320

Analytical results relate to the samples as received by the laboratory.

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.112595.05 06/13/11

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:
COLLECTED BY: Client DATE COL'D:06/09/11 RECEIVED:06/09/11
TIME COL'D:1020
MATRIX:W SAMPLE: Well 4
31301-005

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060911 1504	0	S189223
E.Coli, 100mL		Absent		060911 1504	0	S189223

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: Total Coliform Bacteria is within NY State and Federal limit for potable water

DIRECTOR

rn = 15879 NYSDOH ID # 10320

Analytical results relate to the samples as received by the laboratory.

ECOTEST LABORATORIES, INC. *ENVIRONMENTAL TESTING*

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

LAB NO.112595.06 06/13/11

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

SOURCE OF SAMPLE: 093-07
SOURCE OF SAMPLE:
COLLECTED BY: Client DATE COL'D:06/09/11 RECEIVED:06/09/11
TIME COL'D:1030
MATRIX:W SAMPLE: Well 6
31301-006

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060911 1504	0	S189223
E.Coli, 100mL		Absent		060911 1504	0	S189223

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: Total Coliform Bacteria is within NY State and Federal limit for potable water

DIRECTOR

rn = 15880 NYSDOH ID # 10320

Analytical results relate to the samples as received by the laboratory

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.112595.07 06/13/11

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

SOURCE OF SAMPLE: 092-03
SOURCE OF SAMPLE:
COLLECTED BY: Client DATE COL'D:06/09/11 RECEIVED:06/09/11
TIME COL'D:1040
MATRIX:W SAMPLE: Well 7
31301-007

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
T.Coliform, 100 mL		Absent		060911 1504	0	S189223
E.Coli, 100mL		Absent		060911 1504	0	S189223

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: Total Coliform Bacteria is within NY State and Federal limit for potable water

DIRECTOR

rn = 15881 NYSDOH ID # 10320

Analytical results relate to the samples as received by the laboratory

ATTACHMENT IV

Brookhaven National Laboratory

Potable Water Supply

2011 Asbestos Analysis for the

BNL Potable Water Distribution System

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.112542.00 06/17/11

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:
COLLECTED BY: Client DATE COL'D:06/07/11 RECEIVED:06/07/11
TIME COL'D:0730
MATRIX:W SAMPLE: B-363 Apt. Laundry
31300-004

ANALYTICAL PARAMETERS	UNITS	RESULT	FLAG	DATE TIME OF ANALYSIS	LRL	ANALYTICAL METHOD
#Asbestos fibers, >10 um		< 0.14		061611	0.14	EPA100.2

cc:BNL, Robert J. Lee

LRL=Laboratory Reporting Limit

REMARKS: Analysis was performed by Enviroscience NY ID#11681.
Sample filetered by Enviroscience on 06-09-11.

DIRECTOR

rn = 15539 NYSDOH ID # 10320

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

BROOKHAVEN
NATIONAL LABORATORY

FACSIMILE TRANSMITTAL SHEET

Fax #: 631-344-6079

Date:	July 7, 2011
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):	

Comments:

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

Included with the letter are

Attachment I: BNL Potable Water Supply Operational Data for June

and

Attachment III: June 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	1438	
CONNECTION TEL		98525787
CONNECTION ID		
ST. TIME	07/07 16:12	
USAGE T	10'53	
PGS. SENT	30	
RESULT	OK	

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

BROOKHAVEN
NATIONAL LABORATORY

FACSIMILE TRANSMITTAL SHEET

Fax #: 631-344-6079

Date:	**July 7, 2011**
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):	

Comments:

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