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May 9, 2001

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

Dear Ms. Newcomer:

SUBJECT: Monthly Water Treatment Plant Reports
Reference: Suffolk County Minimum Monitoring Requirements for April 2001

In accordance with the requirements of the BNL Potable Water System Sampling Plan and the 2001 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 Bacteriological and Operational Reports for April 2001.
- Attachment II: April 2001 Biweekly Water Quality Monitoring Data for BNL Potable Water Wells and BNL Distribution System.
- Attachment III: 2001 Second Quarter Bacteriological Reports for the BNL Potable Water Wells.

All analytical results have been reviewed and have been found to be within New York State Department of Health Drinking Water Standards (NYSDOH DWS). Collection and analysis of these samples are performed in accordance with the guidelines of the BNL Quality Assurance program, the SCDHS Community Water Supply Monitoring Requirements, and the BNL Potable Water System Sampling Plan. Plant Engineering Division personnel using standard operating procedures collect routine monitoring samples; a contractor laboratory using standard methods of analysis performs the subsequent analyses. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions. Based on this information, we believe the values contained in these reports are representative of the BNL potable water system.

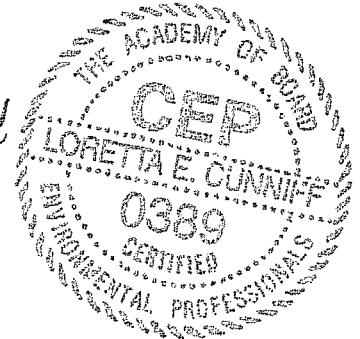
May 9, 2001

Should there be any questions regarding this report or the analytical or operational data contained herein, please call either R. Lee at (631) 344-3148, M. Allocco at (631) 344-3166, or W. Chaloupka at (631) 344-7136.

Sincerely,



Lori Cunniff, CEP
Division Manager



LEC/MA:rt

Attachments: As noted

cc:	M. Allocco	w/attachments
	W. Chaloupka	w/attachments
	J. Granzen	w/attachments
	R. Lee	w/attachments
	E. Murphy	w/attachments
	P. Ponturo	SCDHS, w/o attachments
	L. Ross	w/o attachments
	T. Sheridan	w/o attachments

EC61ER.01

ATTACHMENT I

**Brookhaven National Laboratory
Potable Water Supply**

**Monthly Bacteriological and Operational
Reports for April 2001**

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169 STATION 11515100 SUFFOLK COUNTY REPORTING PERIOD: APRIL 2001

LOCATION: Water Treatment Facility

Did an emergency occur in any part of the water system? YES _____ NO X

Source: Ground Water Does the system have a chlorination waiver? YES _____ NO X

Day of month	CHLORINATION				pH		Totalizer Daily Totalizer
	Treated Water K Gals	Liquid Sodium Hypochlorite		Free Cl2 Residual mg/l	Lime Sodium Hydroxide		
		Gallons	Cl2 use per 24hrs				
		121					12218264
1	0						
2	4,341	10/95	26	0.71	7.5		12222605
3	1,465	10/85+115	10	0.89	7.5		12224070
4	1,468	10/190	10	0.69	7.5		12225538
5	1,464	10/180	10	0.75	7.4		12227002
6	1,460	10/170	10	0.55	7.7		12228462
7	0						
8	0						
9	4,370	148	22	0.8	7.8		12232832
10	1,478	138	10	0.7	7.5		12234310
11	1,443	129	9	0.62	7.7		12235753
12	1,438	120	9	0.75	7.7		12237191
13	1,448	110	10	0.85	7.7		12238639
14	0						
15	0						
16	4,410	85	25	0.79	7.6		12243049
17	1,398	72	13	0.62	7.8		12244447
18	1,426	65	7	0.71	7.8		12245873
19	1,433	55	10	0.66	7.6		12247306
20	1,478	45+155	10	0.67	7.8		12248784
21	0						
22	0						
23	3,997	10/175	25	0.74	7.3		12252781
24	1,452	10/164	11	0.82	7.3		12254233
25	1,465	10/158	6	0.8	7.5		12255698
26	1,478	10/148	10	10.1	7.4		12257176
27	1,449	10/140	8	0.82	7.5		12258625
28	0						
29	0						
30	4,347	10/110	30	0.78	7.5		12262972
31	0						
TOT	44,708		281				
AVG.	1490.27		9.37	No. Days:	30		

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES _____ NO X

If yes, check reason's below.

_____ Actual number of samples fewer than required.

_____ Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

_____ Failure to analyze repeat samples.

Does an MCL violation exist? YES _____ NO X

If yes, check reason(s) below.

_____ Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

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

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

Reported by: *[Signature]*

Date: 5-2-01

Title: Water Systems Supervisor

Certification No. NY0031941

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169

STATION 11515100

SUFFOLK COUNTY

REPORTING PERIOD:

APRIL 2001

LOCATION: WELL NO. 4

Did an emergency occur in any part of the water system? YES _____ NO

YES _____

NO

Source: Ground Water

Does the system have a chlorination waiver? YES _____ NO

YES _____

NO

Day of month	CHLORINATION				pH		Totalizer Daily Totalizer
	Treated Water K Gals	Liquid Sodium Hypochlorite		Free Cl2 Residual mg/l	Lime Sodium Hydroxide		
		Gallons	Cl2 use per 24hrs				
1	0	137					1479485
2	92	133	4	0.04	5.8		1479577
3	62	132	1	0.05	5.9		1479639
4	48	131	1	0.64	6.1		1479687
5	59	130	1	0.05	6.1		1479746
6	74	130	0	1.2	6.1		1479820
7	0						
8	0						
9	23	130	0	NR	NR		1479843
10	0	130	0	NR	NR		1479843
11	0	130	0	NR	NR		1479843
12	0	130	0	NR	NR		1479843
13	0	130	0	NR	NR		1479843
14	0						
15	0						
16	0	130	0	NR	NR		1479843
17	0	130	0	NR	NR		1479843
18	0	130	0	NR	NR		1479843
19	0	130	0	NR	NR		1479843
20	0	130	0	NR	NR		1479843
21	0						
22	0						
23	0	130	0	0.01	5.5		1479843
24	0	130	0	0.02	5.9		1479843
25	1	130	0	0.94	6		1479844
26	0	130	0	0.01	5.9		1479844
27	0	130	0	0.01	6		1479844
28	0						
29	0						
30	0	130	0	0.03	6.1		1479844
31	0						
TOT	359		7				
AVG.	11.97		0.23	No. Days:	30		

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES _____ NO

YES _____

NO

If yes, check reason's below.

____ Actual number of samples fewer than required.

____ Failure to analyze for E. Coll if there was a positive result for total coliform from routine, repeat of high turbidity sample.

____ Failure to analyze repeat samples.

Does an MCL violation exist? YES _____ NO

YES _____

NO

If yes, check reason(s) below.

____ Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

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

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

Reported by: Ed Roach

Date: 5-2-01

Title: Water Systems Supervisor

Certification No. NY0031941

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: APRIL 2001
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LOCATION: WELL NO. 6

Did an emergency occur in any part of the water system? YES NO

Source: Ground Water Does the system have a chlorination waiver? YES NO

Day of month	CHLORINATION			pH		Totalizer Daily Totalizer
	Treated Water K Gals	Liquid Sodium Hypochlorite		Free Cl2	Lime	
		Gallons	Cl2 use per 24hrs	Residual mg/l	Sodium Hydroxide	
		200				121601
1	0					
2	2,090	176	24	0.04	5.8	123691
3	739	170	6	0.05	5.9	124430
4	661	165+35	5	0.64	6.1	125091
5	765	195	5	0.05	6.1	125856
6	668	190	5	1.2	6.1	126524
7	0					
8	0					
9	2,122	180	10	0.2	5.9	128646
10	767	165	15	NR	NR	129413
11	680	160	5	1.6	6.1	130093
12	676	155	5	NR	NR	130769
13	663	148	7	NR	NR	131432
14	0					
15	0					
16	1,841	131	17	NR	NR	133273
17	716	125	6	0.03	6.1	133989
18	545	120	5	0.68	6.1	134534
19	638	115	5	0.62	6.2	135172
20	637	110+60	5	0.03	6.1	135809
21	0					
22	0					
23	1,927	150	20	0.01	5.5	137736
24	593	145	5	0.02	5.9	138329
25	742	140	5	0.94	6	139071
26	557	135+65	5	0.01	5.9	139628
27	628	200	0	0.01	6	140256
28	0					
29	0					
30	2,019	180	20	0.03	6.1	142275
31	0					
TOT	20,674		180			
AVG.	689.13		6.00	No. Days:	30	

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES NO

If yes, check reason's below.

Actual number of samples fewer than required.

Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

Failure to analyze repeat samples.

Does an MCL violation exist? YES NO

If yes, check reason(s) below.

Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

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

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

Reported by [Signature]

Date: 5-2-01

Title: Water Systems Supervisor

Certification No. NY0031941

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: APRIL 2001
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LOCATION: WELL NO. 7

Did an emergency occur in any part of the water system? YES NO

Source: Ground Water Does the system have a chlorination waiver? YES NO

Day of month	CHLORINATION				pH		Totalizer
	Treated Water	Liquid Sodium Hypochlorite		Free Cl ₂ Residual	Lime	Sodium Hydroxide	
		Gallons	Cl ₂ use per 24hrs		mg/l		
1	0						423220
2	3,936	132	68	0.04	5.8		427156
3	1,293	110	22	0.05	5.9		428449
4	1,259	85+115	15	0.64	6.1		429708
5	1,314	180	20	0.05	6.1		431022
6	1,343	153	27	1.2	6.1		432365
7	0						
8	0						
9	3,879	80	73	0.2	5.9		436244
10	1,202	60+140	20	NR	NR		437446
11	1,093	180	20	1.6	6.1		438539
12	1,322	160	20	0.89	6.1		439861
13	1,305	135	25	0.04	6.1		441166
14	0						
15	0						
16	3,874	70	65	NR	NR		445040
17	1,241	51	19	0.03	6.1		446281
18	1,287	30+120	21	0.68	6.1		447568
19	1,234	133	17	0.62	6.2		448802
20	1,263	110+70	23	0.03	6.1		450065
21	0						
22	0						
23	3,363	130	50	0.01	5.5		453428
24	1,250	105	25	0.02	5.9		454678
25	1,254	100	5	0.94	6		455932
26	1,325	60+140	40	0.01	5.9		457257
27	1,301	150	50	0.01	6		458558
28	0						
29	0						
30	3,848	122	28	0.03	6.1		462406
31	0						
TOT	39,186		653				
AVG.	1306.20		21.77	No. Days:	30		

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES NO

If yes, check reason's below.

Actual number of samples fewer than required.

Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

Failure to analyze repeat samples.

Does an MCL violation exist? YES NO

If yes, check reason(s) below.

Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

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

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

Reported by: *S. D. Moran*

Date: 5-2-01

Title: Water Systems Supervisor

Certification No. NY0031941

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: APRIL 2001
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LOCATION: WELL NO. 10

Did an emergency occur in any part of the water system? YES NO

Source: Ground Water Does the system have a chlorination waiver? YES NO

Day of month	CHLORINATION				pH		Totalizer Daily Totalizer
	Treated Water K Gals	Liquid Sodium Hypochlorite		Free Cl2 Residual mg/l	Lime Sodium Hydroxide		
		Gallons	Cl2 use per 24hrs		mg/l	mg/l	
1	0						764039
2	0	59	0	NR	NR		764039
3	0	59	0	NR	NR		764039
4	0	59	0	NR	NR		764039
5	0	59	0	NR	NR		764039
6	5	59	0	NR	NR		764044
7	0						
8	0						
9	0	59	0	NR	NR		764044
10	0	59	0	NR	NR		764044
11	0	59	0	NR	NR		764044
12	0	59	0	NR	NR		764044
13	0	59	0	NR	NR		764044
14	0						
15	0						
16	1	59	0	NR	NR		764045
17	0	59	0	NR	NR		764045
18	0	59	0	NR	NR		764045
19	0	59	0	NR	NR		764045
20	0	59	0	NR	NR		764045
21	0						
22	0						
23	0	59	0	NR	NR		764045
24	0	59	0	NR	NR		764045
25	0	59	0	NR	NR		764045
26	0	59	0	NR	NR		764045
27	0	59	0	NR	NR		764045
28	0						
29	0						
30	0	59	0	NR	NR		764045
31	0						
TOT	6		0				
AVG.	0.20		0.00	No. Days:	30		

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES NO

If yes, check reason's below.

Actual number of samples fewer than required.

Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

Failure to analyze repeat samples.

Does an MCL violation exist? YES NO

If yes, check reason(s) below.

Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

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

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

Reported by: *L. Lopez*

Date: 5-2-01

Title: Water Systems Supervisor

Certification No. NY0031941

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: APRIL 2001
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LOCATION: WELL NO. 11

Did an emergency occur in any part of the water system? YES NO

Source: Ground Water Does the system have a chlorination waiver? YES NO

Day of month	CHLORINATION				pH		Totalizer Daily Totalizer
	Treated Water K Gals	Liquid Sodium Hypochlorite		Free Cl2	___ Lime	Totalizer	
		Gallons	Cl2 use per 24hrs	Residual mg/l	___ Sodium Hydroxide		
		80					335087
1	0						
2	0	80	0	0.54	6.5		335087
3	0	80	0	0.64	6.5		335087
4	10	80	0	NR	NR		335097
5	4	80	0	0.56	6.5		335101
6	0	80	0	0.49	6.6		335101
7	0						
8	0						
9	0	80	0	NR	NR		335101
10	0	80	0	NR	NR		335101
11	0	80	0	NR	NR		335101
12	0	80	0	NR	NR		335101
13	0	80	0	NR	NR		335101
14	0						
15	0						
16	0	80	0	NR	NR		335101
17	0	80	0	0.68	7		335101
18	0	80	0	0.46	7		335101
19	0	80	0	0.4	7		335101
20	0	80	0	NR	NR		335101
21	0						
22	0						
23	0	80	0	NR	NR		335101
24	0	80	0	0.67	7.7		335101
25	0	80	0	0.67	7.7		335101
26	0	80+110	0	0.57	7.6		335101
27	0	190	0	NR	NR		335101
28	0						
29	0						
30	0	190	0	0.55	6.9		335101
31	0						
TOT	14		0				
AVG.	0.47		0.00	No. Days:	30		

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES NO

If yes, check reason's below.

___ Actual number of samples fewer than required.

___ Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

___ Failure to analyze repeat samples.

Does an MCL violation exist? YES NO

If yes, check reason(s) below.

___ Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

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

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

Reported by: [Signature]

Date: 5-2-01

Title: Water Systems Supervisor

Certification No. NY0031941

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: APRIL 2001
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LOCATION: WELL NO. 12

Did an emergency occur in any part of the water system? YES NO

Source: Ground Water

Does the system have a chlorination waiver? YES NO

Day of month	CHLORINATION				pH		Totalizer Daily Totalizer 288198
	Treated Water K Gals	Liquid Sodium Hypochlorite		Free Cl ₂ Residual mg/l	Lime Sodium Hydroxide		
		Gallons 100+95	Cl ₂ use per 24hrs				
1	0						
2	534	191	4	0.51	6.8	288732	
3	481	188	3	0.64	6.8	289213	
4	305	182	6	0.6	6.9	289518	
5	247	182	0	0.6	6.8	289765	
6	350	175	7	0.54	6.9	290115	
7	0						
8	0						
9	215	175	0	0.6	7.6	290330	
10	274	175	0	NR	NR	290604	
11	208	170	5	0.61	7.2	290812	
12	190	169	1	0.8	7	291002	
13	8	169	1	0.55	7.3	291010	
14	0						
15	0						
16	837	181	8	0.51	7.3	291847	
17	139	160	1	0.5	7.3	291986	
18	0	160	0	0.59	7.4	291986	
19	193	159	1	0.51	7.5	292179	
20	4	159	1	NR	NR	292183	
21	0						
22	0						
23	0	159	0	0.98	7.6	292183	
24	449	155	4	0.67	7.6	292632	
25	406	152	3	0.6	7.6	293038	
26	247	150	2	0.84	7.7	293285	
27	298	150	0	0.55	7.5	293583	
28	0						
29	0						
30	510	141	9	0.52	7.3	294093	
31	0						
TOT	5,895		56				
AVG.	196.50		1.87	No. Days:	30		

Population Served 3,500

Number of routine samples 4

(Must collect a minimum of 5 routine samples the month following a repeat sample collection)

Number of actual routine samples 7

Does a M&AR violation exist? YES NO

If yes, check reason's below.

Actual number of samples fewer than required.

Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

Failure to analyze repeat samples.

Does an MCL violation exist? YES NO

If yes, check reason(s) below.

Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or hiturb) per month.

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

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

Reported by: *J.C. Row*

Date: 5-2-01

Title: Water Systems Supervisor

Certification No. NY0031941

4/30/01
Pump Data

MONTHLY GALLONAGE REPORT
APRIL 2001

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	0	0	0	0	0	0
2	92	2,090	3,936	0	0	534	6,652
3	62	739	1,293	0	0	481	2,575
4	48	661	1,259	0	10	305	2,283
5	59	765	1,314	0	4	247	2,389
6	74	668	1,343	5	0	350	2,440
7	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0
9	23	2,122	3,879	0	0	215	6,239
10	0	767	1,202	0	0	274	2,243
11	0	680	1,093	0	0	208	1,981
12	0	676	1,322	0	0	190	2,188
13	0	663	1,305	0	0	8	1,976
14	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0
16	0	1,841	3,874	1	0	837	6,553
17	0	716	1,241	0	0	139	2,096
18	0	545	1,287	0	0	0	1,832
19	0	638	1,234	0	0	193	2,065
20	0	637	1,263	0	0	4	1,904
21	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0
23	0	1,927	3,363	0	0	0	5,290
24	0	593	1,250	0	0	449	2,292
25	1	742	1,254	0	0	406	2,403
26	0	557	1,325	0	0	247	2,129
27	0	628	1,301	0	0	298	2,227
28	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0
30	0	2,019	3,848	0	0	510	6,377
31	0	0	0	0	0	0	0
Total	359	20,674	39,186	6	14	5,895	66,134
		Totalizer		Totalizer		Total(x1,000)	
		This Month		Last Month		Gallons	
	Well 4	1,479,844		1,479,485		359	
	Well 6	142,275		121,601		20,674	
	Well 7	462,406		423,220		39,186	
	Well 10	764,045		764,039		6	
	Well 11	335,101		335,087		14	
	Well 12	294,093		288,198		5,895	
AGS Water Supply Meter		233,426		214,449		18977.00	
Medical Reactor - Well 105		91,498,830		91,330,790		168.04	
Biology Building - Well 9		6,000,170		5,949,970		50.20	

CELL #	#1	#2	#3	#4	#5	#6	#7	#8	TOTAL
DATE									B'WASH
1									0
2	OOS	1	OOS	2	1	2	2	2	10
3	OOS	0	OOS	1	0	1	0	1	3
4	OOS	0	OOS	0	0	0	1	1	2
5	OOS	1	OOS	1	1	1	0	0	4
6	OOS	0	OOS	1	0	0	1	1	3
7									0
8									0
9	OOS	1	OOS	1	1	2	1	1	7
10	OOS	0	OOS	1	0	0	0	0	1
11	OOS	0	OOS	0	0	0	0	0	0
12	OOS	0	OOS	0	0	0	1	1	2
13	OOS	0	OOS	0	1	1	0	0	2
14									0
15									0
16	OOS	0	OOS	1	0	0	1	0	2
17	OOS	1	0	0	0	0	0	0	1
18	OOS	0	0	0	0	0	0	1	1
19	OOS	0	0	0	0	0	0	0	0
20	OOS	0	0	0	0	0	0	0	0
21									0
22									0
23	OOS	0	0	1	0	1	0	0	2
24	OOS	0	0	0	0	0	0	0	0
25	OOS	0	0	0	1	0	1	0	2
26	OOS	0	0	0	0	0	0	0	0
27	OOS	0	0	0	0	0	0	1	1
28									0
29									0
30	OOS	1	1	1	0	1	0	0	4
31									0
TOTAL	0	5	1	10	5	9	8	9	47
TOTAL BACKWASHES	47								
Gallons per Backwash	40,000								
Total Backwash Gallons	1880 (x1000Gallons)								
Readings are recorded at 0800 Hours and Totalizers are reset									

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040, FAX: (631) 420-8436 NYSDOHID#10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM
 70 BELL AVE.
 UPTON, NY 11973
 Attn To : BOB LEE

Lab No. : 0104158-001A

Sample Information...
 Type : Potable Water
 Origin: Dist.

Federal ID : 5111891

Client ID. : 8441-001

Collected : 4/5/01 1:00:00 PM

Point No: 1

Received : 4/5/01 3:07:00 PM

Location: B-49 WATER TOWER

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM
Total Residual Chlorine	0.7	mg/L		M4500-Cl G	4/5/01

Result(s) reported meet(a) Regulatory Limit(s).

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040, FAX: (631) 420-8436 NYSDOH ID # 10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM
 70 BELL AVE.
 UPTON, NY 11973
 Attn To : BOB LEE

Lab No. : 0104158-002A

Sample Information...
 Type : Potable Water
 Origin: Dist.

Federal ID : 5111891

Client ID. : 8441-002

Collected : 4/5/01 11:20:00 AM

Point No: 2

Received : 4/5/01 3:07:00 PM

Location: B-640 WATER TOWER

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	4/5/01

Result(s) reported meet(s) Regulatory Limit(s).

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM

70 BELL AVE.

UPTON, NY 11973

Attn To : BOB LEE

Lab No. : 0104158-003A

Sample Information...

Type : Potable Water

Origin: Dist.

Federal ID : 5111891

Client ID. : 8441-003

Collected : 4/5/01 9:30:00 AM

Point No: 3

Received : 4/5/01 3:07:00 PM

Location: B-1005 RHIC

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	4/5/01

Result(s) reported meet(s) Regulatory Limit(s).

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (516) 694-3040. FAX: (516) 420-8436 NYSDOHID# 10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM
 70 BELL AVE.
 UPTON, NY 11973
 Attn To : BOB LEE

Lab No. : 0104158-004A

Sample Information...
 Type : Potable Water
 Origin: Dist.

Federal ID : 5111891

Client ID. : 8441-004

Collected : 4/5/01 1:30:00 PM

Point No: 4

Received : 4/5/01 3:07:00 PM

Location: B-363 APT, LAUNDRY

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM
Total Residual Chlorine	0.4	mg/L		M4500-Cl G	4/5/01

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

H2M LABS, INC.

575 Ercot Hollow Road, Melville NY 11747
 (631) 694-3040 .FAX: (631) 420-8436 NYSDOH ID#10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM

70 BELL AVE.

UPTON, NY 11973

Attn To : BOB LEE

Lab No. : 0104158-005A

Sample Information...

Type : Potable Water

Origin: Dist.

Federal ID : 5111891

Client ID. : 8441-005

Collected : 4/5/01 2:30:00 PM

Point No: 23

Received : 4/5/01 3:07:00 PM

Location: B-725 NSLS

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	4/5/01

Result(s) reported meet(s) Regulatory Limit(s).

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040, FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM
 70 BELL AVE.
 UPTON, NY 11973
 Attn To : BOB LEE

Lab No. : 0104158-006A

Sample Information...
 Type : Potable Water
 Origin: Dist.

Federal ID : 5111891

Client ID. : 8441-006

Collected : 4/5/01 2:00:00 PM

Point No: 24

Received : 4/5/01 3:07:00 PM

Location: B-490 BLOCK 1 AFC

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	4/5/01

Result(s) reported meet(s) Regulatory Limit(s).

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040, FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM
 70 BELL AVE.
 UPTON, NY 11973
 Attn To : BOB LEE

Lab No. : 0104158-007A

Sample Information...
 Type : Potable Water
 Origin: Dist.

Federal ID : 5111891

Client ID. : 8441-007

Collected : 4/5/01 2:10:00 PM

Point No: 25

Received : 4/5/01 3:07:00 PM

Location: B-490 BLOCK 4 MRC

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	4/5/01

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

ATTACHMENT II

**Brookhaven National Laboratory
Potable Water Supply**

**April 2001 Biweekly Water Quality Monitoring Data for
the BNL Potable Water Wells and
BNL Distribution System**

Attachment II
Table 1
Summary of Water Quality Analyses
for the BNL Potable Water System
April 2001

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (μ mhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	4/3/01	7.5	53	133	NR	NR
WTP	4/5/01	7.4	53	132	NR	NR
WTP	4/10/01	7.5	55	133	NR	NR
WTP	4/12/01	7.7	54	131	NR	NR
WTP	4/17/01	7.8	53	129	NR	NR
WTP	4/19/01	7.6	52	128	NR	NR
WTP	4/24/01	7.3	55	154	NR	NR
WTP	4/26/01	7.4	53	146	NR	NR
Well 12	4/3/01	6.8	56	147	NR	NR
Well 12	4/5/01	6.9	56	154	NR	NR
Well 12	4/10/01	NR	NR	NR	NR	NR
Well 12	4/12/01	7.0	56	147	NR	NR
Well 12	4/17/01	7.3	56	144	NR	NR
Well 12	4/19/01	7.5	56	135	NR	NR
Well 12	4/24/01	7.6	55	118	NR	NR
Well 12	4/26/01	7.7	55	120	NR	NR

NR - Analysis Not Required or Not Reported

WTP - Water Treatment Plant

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**

**2001 Second Quarter Bacteriological Reports for
the BNL Potable Water Wells**

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040 . FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM
 70 BELL AVE.

UPTON, NY 11973

Attn To : BOB LEE

Lab No. : 0104158-008A

Sample Information...

Type : Potable Water

Origin: Raw Well

Federal ID : 5111891

Client ID. : 8441-008

Collected : 4/5/01 10:15:00 AM Point No: 8

Received : 4/5/01 3:07:00 PM Location: WELL #4 RAW

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with ✖ Exceed Regulatory Limit(s). Limit noted.

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (516) 694-3040, FAX: (516) 420-8435 NYSDOH ID# 10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM
 70 BELL AVE.
 UPTON, NY 11973
 Attn To : BOB LEE

Lab No. : 0104158-009A

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

Federal ID : 5111891

Client ID. : 8441-009

Collected : 4/5/01 10:20:00 AM

Point No: 9

Received : 4/5/01 3:07:00 PM

Location: WELL #6 RAW

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040, FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM

70 BELL AVE.

UPTON, NY 11973

Attn To : BOB LEE

Lab No. : 0104158-010A

Sample Information...

Type : Potable Water

Origin: Raw Well

Federal ID : 5111891

Client ID. : 8441-010

Collected : 4/5/01 10:30:00 AM

Point No: 10

Received : 4/5/01 3:07:00 PM

Location: WELL #7 RAW

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM

Result(s) reported meet(s) Regulatory Limit(s).

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040 FAX: (631) 420-8436 NYSDOHID#10478

BROOKHAVEN NATIONAL LAB.-BNLM

70 BELL AVE.

UPTON, NY 11973

Attn To : BOB LEE

Federal ID : 5111891

Collected : 4/5/01 9:15:00 AM

Received : 4/5/01 3:07:00 PM

Collected By CLIENT

Copies To : BOB LEE

LABORATORY RESULTS

Lab No. : 0104158-011A

Sample Information...

Type : Potable Water

Origin: Raw Well

Client ID. : 8441-011

Point No: 11

Location: WELL #10 RAW

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM

Result(s) reported meet(s) Regulatory Limit(s).

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040 . FAX: (631) 420-8436 NYSDOH ID#10478

BROOKHAVEN NATIONAL LAB.-BNLM

70 BELL AVE.

UPTON, NY 11973

Attn To : BOB LEE

Federal ID : 5111891

Collected : 4/5/01 8:55:00 AM

Received : 4/5/01 3:07:00 PM

Collected By CLIENT

Copies To : BOB LEE

LABORATORY RESULTS

Lab No. : 0104158-012A

Sample Information...

Type : Potable Water

Origin: Raw Well

Client ID. : 8441-012

Point No: 12

Location: WELL #11 RAW

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM

Result(s) reported meet(s) Regulatory Limit(s).

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040. FAX: (631) 420-8435 NYSDOH ID#10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM

70 BELL AVE.

UPTON, NY 11973

Attn To : BOB LEE

Lab No. : 0104158-013A

Sample Information...

Type : Potable Water

Origin: Raw Well

Federal ID : 5111891

Client ID. : 8441-013

Collected : 4/5/01 8:45:00 AM

Point No: 13

Received : 4/5/01 3:07:00 PM

Location: WELL #12 RAW

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM

 Result(s) reported meet(s) Regulatory Limit(s).

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040, FAX: (631) 420-8436 NYS DOH ID # 10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM

70 BELL AVE.

UPTON, NY 11973

Attn To : BOB LEE

Lab No. : 0104158-014A

Sample Information...

Type : Potable Water

Origin: Raw Well

Federal ID : 5111891

Client ID. : 8441-014

Collected : 4/5/01 10:50:00 AM

Point No: 14

Received : 4/5/01 3:07:00 PM

Location: WTF PACKED TOWER 648

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative.	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM

Result(a) reported meet(s) Regulatory Limit(s).

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040 . FAX: (631) 420-8436 NYSDOH ID #10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM
 70 BELL AVE.
 UPTON, NY 11973
 Attn To : BOB LEE

Lab No. : 0104158-015A

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

Federal ID : 5111891

Client ID. : 8441-015

Collected : 4/5/01 9:15:00 AM

Point No: 15

Received : 4/5/01 3:07:00 PM

Location: WELL #10 GAC FILTER 664

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040, FAX: (631) 420-8436 NYSDOH ID#10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM

70 BELL AVE.

LIPTON, NY 11973

Attn To : BOB LEE

Lab No. : 0104158-016A

Sample Information...

Type : Potable Water

Origin: Treated Well

Federal ID : 5111891

Client ID. : 8441-016

Collected : 4/5/01 8:55:00 AM

Point No: 16.

Received : 4/5/01 3:07:00 PM

Location: WELL #11 GAC FILTER 655

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM

Result(s) reported meet(s) Regulatory Limit(s).

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

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040. FAX: (631) 420-8436 NYSDOH ID#10478

LABORATORY RESULTS

BROOKHAVEN NATIONAL LAB.-BNLM
 70 BELL AVE.
 UPTON, NY 11973
 Attn To : BOB LEE

Lab No. : 0104158-017A

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

Federal ID : 5111891

Client ID. : 8441-017

Collected : 4/5/01 8:45:00 AM

Point No: 17

Received : 4/5/01 3:07:00 PM

Location: WELL #12 GAC FILTER 657

Collected By CLIENT

Copies To : BOB LEE

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	4/5/01 7:00:00 PM
E_Coliform	Absent		Absent	M9223	4/5/01 7:00:00 PM

Result(s) reported meet(s) Regulatory Limit(s).

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