

BROOKHAVEN
NATIONAL LABORATORY

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

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April 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 March 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 March 2001.
- Attachment II: March 2001 Biweekly Water Quality Monitoring Data for BNL Potable Water Wells and Quarterly Water Quality Data for the BNL Distribution System.

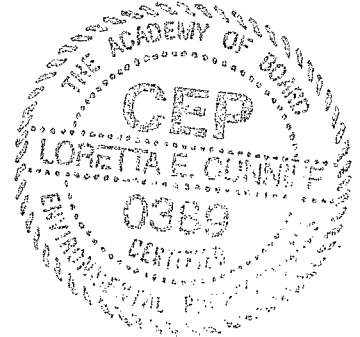
All analytical results have been reviewed and have been found to be within New York State Department of Health Drinking Water Standards (NYSDOH DWS). Collection and analysis of these samples are performed in accordance with the guidelines of the BNL Quality Assurance program, the SCDHS Community Water 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.

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 March 2001**



BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

Public Water Supply Protection

PROGRAM CODE 169 STATION 11515100 SUFFOLK COUNTY REPORTING PERIOD : **MARCH 2001**

LOCATION: WATER TREATMENT PLANT

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 Cl ₂ Residual mg/l	Lime Sodium Hydroxide	Totalizer	
		Gallons	Cl ₂ use per 24hrs				
1	1,452	10/178	10	0.94	7.4	12185139	
2	1,442	10/170	8	0.69	7.4	12186581	
3	0						
4	0						
5	2,934	10/152	18	0.88	7	12189515	
6	791	10/150	2	0.87	7.3	12190306	
7	361	10/148	2	0.66	7	12190667	
8	472	10/142	6	0.95	7.2	12191139	
9	494	10/141	1	0.69	7.1	12191633	
10	0						
11	0						
12	475	140/10	1	0.03	6.6	12192108	
13	1,530	140/10	10	0.7	7.6	12193638	
14	1,409	120/10	20	0.8	7.7	12195047	
15	1,465	110/10	10	0.08	5.9	12196512	
16	1,460	100/10	10	0.7	7.1	12197972	
17	0						
18	0						
19	4,404	75/10	25	0.72	7.7	12202376	
20	1,463	65/0	10	0.63	7.6	12203839	
21	1,482	55+145	10	0.7	7.6	12205321	
22	1,446	190	10	0.63	7.6	12206767	
23	1,477	180	10	0.95	7.6	12208244	
24	0						
25	0						
26	4,414	153	27	0.6	6.8	12212658	
27	1,436	148	5	0.81	7.3	12214094	
28	1,431	139	9	0.69	7.7	12215525	
29	1,439	130	9	0.87	7.1	12216964	
30	1,300	121	9	0.49	7.5	12218264	
31	0						
TOT	34,577		222				
AVG.	1115.39		7.16	No. Days:	31		

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? 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: 4-5-01

Title: WATER SYSTEMS SUPERVISOR

Cert. #: 05650

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

Public Water Supply Protection

PROGRAM CODE 169 STATION 11515100 SUFFOLK COUNTY REPORTING PERIOD : **MARCH 2001**

LOCATION: WELL NO. 4

Source: Ground Water

Did an emergency occur in any part of the water system? yes ___ no
 Does the system have a chlorination waiver? yes ___ no

Day of month	CHLORINATION				pH		Totalizer Daily Totalizer
	Treated Water	Liquid Sodium Hypochlorite		Free Cl2 Residual	Lime Sodium Hydroxide	Totalizer	
	K Gals	Gallons	Cl2 use per 24hrs	mg/l			
1	447	116	7	0.67	5.9	1475894	
2	494	109+91	7	0.94	5.9	1476308	
3	0						
4	0						
5	976	183	17	0.02	6	1477364	
6	233			0.09	6.3	1477597	
7	73	180	3	0.13	6.2	1477670	
8	136	175	4	0.02	6.2	1477806	
9	144	175	0	0.03	5.9	1477950	
10	0						
11	0						
12	29	172	3	0.03	6.6	1477979	
13	97	171	1	0.3	6	1478076	
14	0	170	1	0.9	6.3	1478076	
15	0	170	0	0.08	5.9	1478076	
16	0	170	0	0.03	6	1478076	
17	0						
18	0						
19	379	158	12	0.04	5.2	1478455	
20	127	152	6	0.02	6	1478582	
21	31	152	0	0.01	6	1478613	
22	122	150	2	0.96	6.1	1478735	
23	56	150	0	0.08	6.1	1478791	
24	0						
25	0						
26	252	145	5	1.2	5.8	1479043	
27	84	142	3	0.02	5.9	1479127	
28	27	140	2	0.02	6.3	1479154	
29	82	140	0	0.03	5.8	1479236	
30	249	137	3	0.02	6	1479485	
31	0						
TOT	4,038		76				
AVG.	130.26		2.45	No. Days:	31		

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? NE

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: JL Row

Date: 4-5-01

Title: WATER SYSTEMS SUPERVISOR

Cert. #: 05650

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

Public Water Supply Protection

PROGRAM CODE 169 STATION 11515100 SUFFOLK COUNTY REPORTING PERIOD : **MARCH 2001**

LOCATION: WELL NO. 6

Source: Ground Water

Did an emergency occur in any part of the water system? yes _____ no
 Does the system have a chlorination waiver? yes _____ no

Day of month	CHLORINATION				pH		Totalizer Daily Totalizer
	Treated Water	Liquid Sodium Hypochlorite		Free Cl ₂ Residual	Lime Sodium	106004	
	K Gals	Gallons	Cl ₂ use per 24hrs	mg/l	Hydroxide		
1	379	142	6	0.67	5.9	106383	
2	351	139+61	4	0.94	5.9	106734	
3	0						
4	0						
5	776	193	7	0.02	6	107510	
6	283			0.09	6.3	107793	
7	116	190	3	0.13	6.2	107909	
8	110	187	3	0.02	6.2	108019	
9	125	180	7	0.01	5.9	108144	
10	0						
11	0						
12	217	180	4	0.03	6.6	108361	
13	816	171	9	0.3	6	109177	
14	588	165+35	6	0.9	6.3	109765	
15	798	197	13	0.08	5.9	110563	
16	687	182	15	0.03	6	111250	
17	0						
18	0						
19	2,173	155	27	0.04	5.2	113423	
20	766	145	10	0.02	6	114189	
21	744	135	10	0.01	6	114933	
22	835	125	10	0.96	6.1	115768	
23	712	112	13	0.08	6.1	116480	
24	0						
25	0						
26	2,052	89	23	1.2	5.8	118532	
27	792	80	9	0.02	5.9	119324	
28	736	70+130	10	0.02	6.3	120060	
29	623	200	0	0.03	5.8	120663	
30	918	200	0	0.02	6	121601	
31	0						
TOT	15,597		189			0	
AVG.	503.13		6.10	No. Days:	31		

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?

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: St. Rem

Date: 4-5-01

Title: WATER SYSTEMS SUPERVISOR

Cert. #: 05650

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

Public Water Supply Protection

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

Source: Ground Water

Did an emergency occur in any part of the water system? yes ___ no ✓
 Does the system have a chlorination waiver? yes ___ no ✓

Day of month	CHLORINATION				pH	
	Treated Water	Liquid Sodium Hypochlorite		Free Cl ₂ Residual	Lime Sodium Hydroxide	Totalizer Daily Totalizer
		K Gals	Gallons			
1	1,313	70+130	21	0.67	5.9	394145
2	1,208	182+10	18	0.94	5.9	395353
3	0					
4	0					
5	2,529	149	43	0.02	6	397882
6	758			0.09	6.3	398640
7	323			0.13	6.2	398963
8	369	125	24	0.02	6.2	399332
9	391	120	5	0.01	5.9	399723
10	0					
11	0					
12	327	113	7	0.03	6.6	400050
13	1,311	92	21	0.3	6	401361
14	1,280	70+130	22	0.9	6.3	402641
15	1,332	179	21	0.08	5.9	403973
16	1,298	155	24	0.03	6	405271
17	0					
18	0					
19	3,880	85	70	0.04	5.2	409151
20	1,289	60	25	0.02	6	410440
21	1,301	40+140	20	0.01	6	411741
22	1,314	165	15	0.96	6.1	413055
23	1,311	135	30	0.08	6.1	414366
24	0					
25	0					
26	3,806	62	73	1.2	5.8	418172
27	1,317	40+160	22	0.02	5.9	419489
28	1,258	180	20	0.02	6.3	420747
29	1,241	153	27	0.03	5.8	421988
30	1,232	130	23	0.02	6	423220
31	0					
TOT	30,388		531			0
AVG	980.26		17.13	No. Days	31	

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? 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: JR Row

Date: 4-5-01

Title: WATER SYSTEMS SUPERVISOR

Cert. #: 05050

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

Public Water Supply Protection

PROGRAM CODE 169 STATION 11515100 SUFFOLK COUNTY REPORTING PERIOD : **MARCH 2001**

LOCATION: WELL NO. 10

Source: Ground Water

Did an emergency occur in any part of the water system? yes _____ no
 Does the system have a chlorination waiver? yes _____ no

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

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? 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 JC Flann

Date: 4-5-01

Title: WATER SYSTEMS SUPERVISOR

Cert. # 05650

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

Public Water Supply Protection

PROGRAM CODE 169 STATION 11515100 SUFFOLK COUNTY REPORTING PERIOD : **MARCH 2001**

LOCATION: WELL NO. 11

Source: Ground Water

Did an emergency occur in any part of the water system? yes ___ no
 Does the system have a chlorination waiver? yes ___ no

Day of month	CHLORINATION				pH		Totalizer Daily Totalizer 330610
	Treated Water	Liquid Sodium Hypochlorite		Free Cl2 Residual	Lime Sodium Hydroxide	Totalizer	
	K Gals	Gallons	Cl2 use per 24hrs	mg/l			
1	0	40	0	0.5	7.9	330610	
2	0	40	0	NR	NR	330610	
3	0						
4	0						
5	0	40	0	NR	NR	330610	
6	0	40	0	NR	NR	330610	
7	0	40	0	0.54	6.5	330610	
8	0	40	0	0.56	6.5	330610	
9	0	40+90	0	7.4	0.59	330610	
10	0						
11	0						
12	4,318	83	47	0.93	6.5	334928	
13	40	82	1	0.6	7	334968	
14	28	82	0	0.57	6.5	334996	
15	12	81	1	0.6	6.8	335008	
16	17	82	0	0.62	6.5	335025	
17	0						
18	0						
19	0	80	2	0.64	6.5	335025	
20	28	80	0	1	7.2	335053	
21	34	80	0	0.48	7.2	335087	
22	0	80	0	NR	NR	335087	
23	0	80	0	0.52	6.9	335087	
24	0						
25	0						
26	0	80	0	0.49	7.4	335087	
27	0	80	0	0.31	7.7	335087	
28	0	80	0	NR	NR	335087	
29	0	80	0	NR	NR	335087	
30	0	80	0	NR	NR	335087	
31	0						
TOT	4,477		51				
AVG.	144.42		1.65	No. Days:	31		

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? 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: Mc Ross

Date: 4-5-01

Title: WATER SYSTEMS SUPERVISOR

Cert. # 05650

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

Public Water Supply Protection

PROGRAM CODE 169 STATION 11515100 SUFFOLK COUNTY REPORTING PERIOD : **MARCH Y2001**

LOCATION: WELL NO. 12

Source: Ground Water

Did an emergency occur in any part of the water system? yes _____ no

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 Cl ₂ Residual mg/l	Lime Sodium Hydroxide	Totalizer	
		Gallons	Cl ₂ use per 24hrs				
1	0	137	0	0.4	8	278836	
2	0	137	0	NR	NR	278836	
3	0						
4	0						
5	1,481	120	17	0.74	8	280317	
6	536					280853	
7	1,127	95	25	0.73	7.2	281980	
8	1,196	95	0	0.66	7.2	283176	
9	1,155	85	10	0.61	6.9	284331	
10	0						
11	0						
12	93	82	3	0.89	6.8	284424	
13	3	82	0	0.6	7.2	284427	
14	242	80+55	2	0.59	6.7	284669	
15	326	135	0	0.59	6.8	284995	
16	260	132	3	0.68	6.8	285255	
17	0						
18	0						
19	769	125	8	0.75	6.8	286024	
20	327	120	5	0.9	7.2	286351	
21	280	115	5	0.8	7.2	286631	
22	259	115	0	0.5	7	286890	
23	241	112	3	0.52	7	287131	
24	0						
25	0						
26	773	105	7	0.51	7.6	287904	
27	125	105	0	0.94	7.6	288029	
28	134	102	3	NR	NR	288163	
29	0	102	0	0.43	7.7	288163	
30	35	100	2	0.94	7.7	288198	
31	0						
TOT	9,362		93				
AVG.	302.00		3.00	No. Days:	31		

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 9

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? 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.

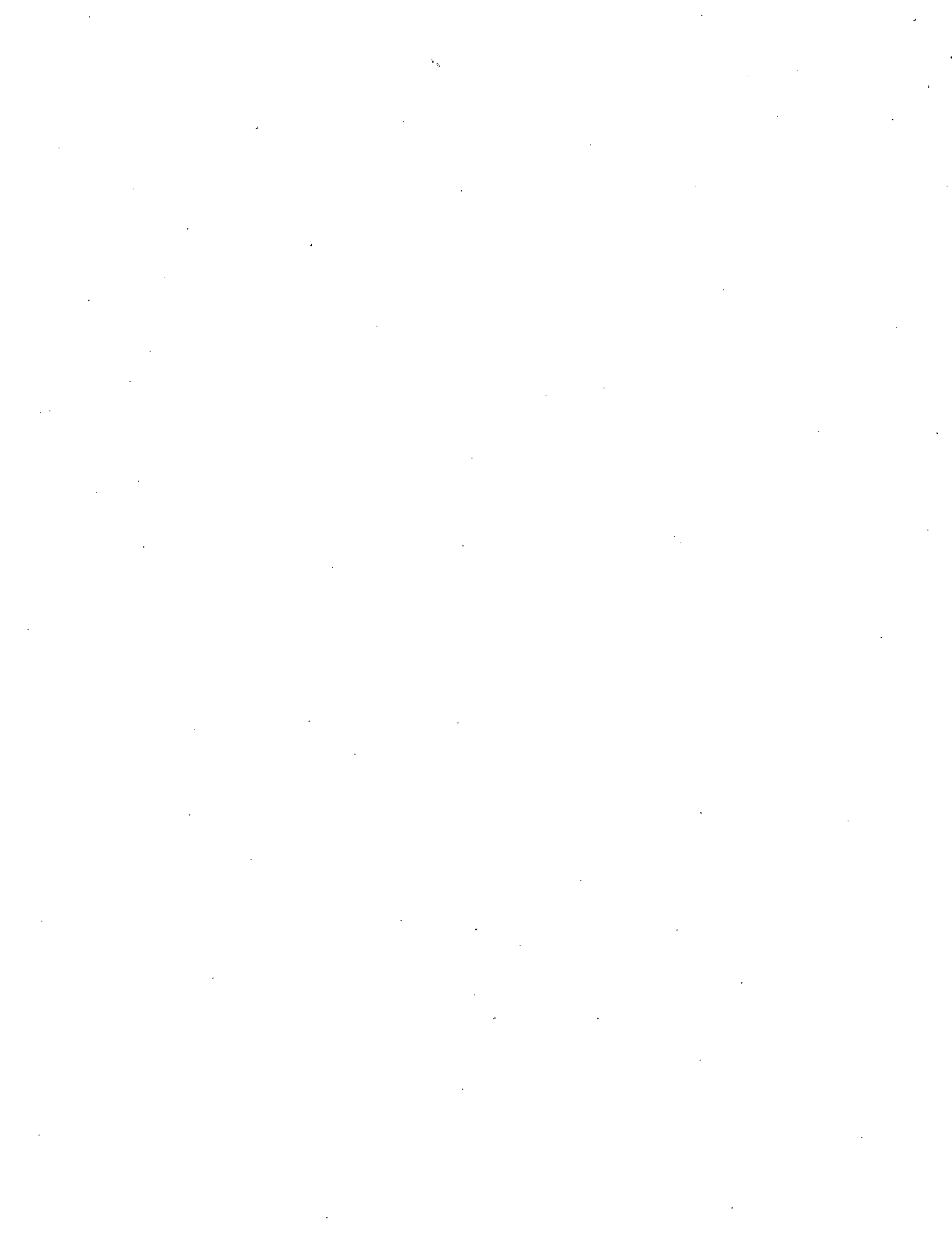
_____ Positive total coliform result followed by a positive E. Coli repeat sample.

Reported by: JK Row

Date: 4-5-01

Title: WATER SYSTEMS SUPERVISOR

Cert. #: 05050



CELL #	#1	#2	#3	#4	#5	#6	#7	#8	TOTAL
DATE									B'WASH
1	OSS	1	OSS	1	1	0	1	1	5
2	OSS	0	OSS	1	0	1	1	1	4
3									0
4									0
5	OOS	1	OOS	2	1	2	2	1	9
6	OOS	1	OOS	0	1	1	0	1	4
7	OOS	1	OOS	0	0	1	1	1	4
8	OOS	0	OOS	1	0	0	0	0	1
9	OOS	0	OOS	0	0	0	0	1	1
10									0
11									0
12	OOS	0	OOS	0	0	0	0	0	0
13	OOS	1	OOS	1	1	1	1	0	5
14	OOS	0	OOS	0	0	1	0	1	2
15	OOS	0	OOS	1	1	0	1	1	4
16	OOS	1	OOS	1	0	1	1	0	4
17									0
18									0
19	OOS	1	OOS	3	2	3	2	3	14
20	OOS	1	OOS	1	1	0	1	1	5
21	OOS	0	OOS	0	1	1	1	0	3
22	OOS	1	OOS	2	0	1	1	1	6
23	OOS	0	OOS	0	1	1	1	1	4
24									0
25									0
26	OOS	1	OOS	0	2	1	1	1	5
27	OOS	1	OOS	1	0	1	1	1	5
28	OOS	0	OOS	1	1	1	0	0	3
29	OOS	0	OOS	0	0	0	1	1	2
30	OOS		OOS						0
31									0
TOTAL	0	11	0	16	13	17	17	17	90
TOTAL BACKWASHES									90
Gallons per Backwash									40,000
Total Backwash Gallons									3600 (x1000Gallons)
Readings are recorded at 0800 Hours and Totalizers are reset									

3/30/01
Pump Data

MONTHLY GALLONAGE REPORT
Mar2001

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	447	379	1,313	0	0	0	2,139
2	494	351	1,208	0	0	0	2,053
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	976	776	2,529	0	0	1,481	5,762
6	233	283	758	0	0	536	1,810
7	73	116	323	0	0	1,127	1,639
8	136	110	369	0	0	1,196	1,811
9	144	125	391	0	0	1,155	1,815
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	29	217	327	0	4,318	93	4,984
13	97	816	1,311	0	40	3	2,267
14	0	588	1,280	0	28	242	2,138
15	0	798	1,332	0	12	326	2,468
16	0	687	1,298	0	17	260	2,262
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	379	2,173	3,880	0	0	769	7,201
20	127	766	1,289	0	28	327	2,537
21	31	744	1,301	0	34	280	2,390
22	122	835	1,314	0	0	259	2,530
23	56	712	1,311	0	0	241	2,320
24	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0
26	252	2,052	3,806	0	0	773	6,883
27	84	792	1,317	0	0	125	2,318
28	27	736	1,258	0	0	134	2,155
29	82	623	1,241	0	0	0	1,946
30	249	918	1,232	0	0	35	2,434
31	0	0	0	0	0	0	0
Total	4,038	15,597	30,388	0	4,477	9,362	63,862
		Totalizer		Totalizer		Total(x1,000)	
		This Month		Last Month		Gallons	
	Well 4	1,479,485		1,475,447		4,038	
	Well 6	121,601		106,004		15,597	
	Well 7	423,220		392,832		30,388	
	Well 10	764,039		764,039		0	
	Well 11	335,087		330,610		4,477	
	Well 12	288,198		278,836		9,362	
AGS Water Supply Meter		214,449		199,022		15427.00	
Medical Reactor - Well 105		91,330,790		91,203,145		127.65	
Biology Building - Well 9		5,949,970		5,901,670		48.30	

LABORATORY RESULTS

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

Lab No. : 0103190-001A

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

Federal ID : 5111891

Client ID. : 7844-001

Collected : 3/8/01 7:10:00 AM

Point No: 1

Received : 3/8/01 3:45:00 PM

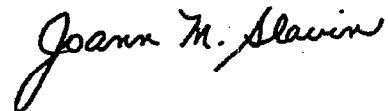
Location: B-49 WATER TOWER

Collected By SB99

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	3/8/01 5:30:00 PM
E_Coliform	Absent		Absent	M9223	3/8/01 5:30:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-CI G	3/8/01

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



LABORATORY RESULTS

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

Lab No. : 0103190-002A

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

Federal ID : 5111891

Client ID. : 7844-002

Collected : 3/8/01 7:45:00 AM

Point No: 2

Received : 3/8/01 3:45:00 PM

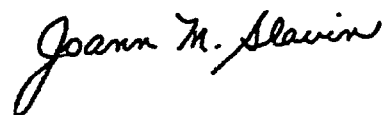
Location: B-640 WATER TOWER

Collected By SB99

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	3/8/01 5:30:00 PM
E_Coliform	Absent		Absent	M9223	3/8/01 5:30:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	3/8/01

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



LABORATORY RESULTS

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

Lab No. : 0103190-003A

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

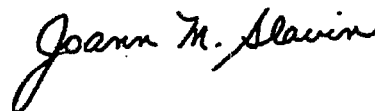
Federal ID : 5111891
Collected : 3/8/01 6:00:00 AM
Received : 3/8/01 3:45:00 PM
Collected By : SB99
Copies To : BOB LEE

Point No: 3
Location: B-1005 RHIC

Client ID. : 7844-003

<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	3/8/01 5:30:00 PM
E_Coliform	Absent		Absent	M9223	3/8/01 5:30:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	3/8/01

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. : 0103190-004A

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

Federal ID : 5111891

Client ID. : 7844-004

Collected : 3/8/01 6:45:00 AM

Point No: 4

Received : 3/8/01 3:45:00 PM

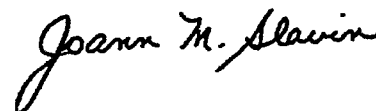
Location: B-363 APT.LAUNDRY

Collected By SB99

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	3/8/01 5:30:00 PM
E_Coliform	Absent		Absent	M9223	3/8/01 5:30:00 PM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	3/8/01

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



LABORATORY RESULTS

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

Lab No. : 0103190-005A

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

Federal ID : 5111891

Client ID. : 7844-005

Collected : 3/8/01 6:30:00 AM

Point No: 5

Received : 3/8/01 3:45:00 PM

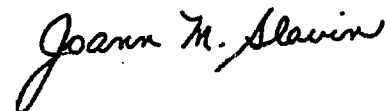
Location: B-930 LINAC

Collected By SB99

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	3/8/01 5:30:00 PM
E_Coliform	Absent		Absent	M9223	3/8/01 5:30:00 PM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	3/8/01

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



LABORATORY RESULTS

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

Lab No. : 0103190-006A

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

Federal ID : 5111891

Client ID. : 7844-006

Collected : 3/8/01 8:00:00 AM

Point No: 6

Received : 3/8/01 3:45:00 PM

Location: B-490 OUTPATIENT CLINIC

Collected By SB99

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	3/8/01 5:30:00 PM
E_Coliform	Absent		Absent	M9223	3/8/01 5:30:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-CI G	3/8/01

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

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

Joann M. Slavin

LABORATORY RESULTS

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

Lab No. : 0103190-007A

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

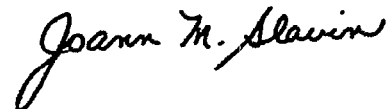
Federal ID : 5111891
Collected : 3/8/01 8:30:00 AM
Received : 3/8/01 3:45:00 PM
Collected By : SB99
Copies To : BOB LEE

Point No: 7
Location: B-490 BLOCK 11

Client ID. : 7844-007

<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	3/8/01 5:30:00 PM
E_Coliform	Absent		Absent	M9223	3/8/01 5:30:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	3/8/01

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
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LABORATORY RESULTS

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

Lab No. : 0103190-008A

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

Federal ID : 5111891

Client ID. : 7844-008

Collected : 3/8/01 8:30:00 AM

Point No: 7

Received : 3/8/01 3:45:00 PM

Location: B-490 BLOCK 11... *Duplicate*

Collected By SB99

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	3/8/01 5:30:00 PM
E_Coliform	Absent		Absent	M9223	3/8/01 5:30:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-CI G	3/8/01

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

Joann M. Slavin

ATTACHMENT II

**Brookhaven National Laboratory
Potable Water Supply**

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

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

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (μ mhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	3/1/01	7.4	54	122	NR	NR
WTP	3/6/01	7.3	51	130	NR	NR
WTP	3/8/01	7.2	51	167	NR	NR
WTP	3/13/01	7.7	52	189	NR	NR
WTP	3/15/01	7.7	52	134	NR	NR
WTP	3/20/01	7.6	52	127	NR	NR
WTP	3/22/01	7.6	54	125	NR	NR
WTP	3/27/01	7.3	53	130	NR	NR
WTP	3/29/01	7.1	54	132	NR	NR
Well 11	3/1/01	7.9	55	161	NR	NR
Well 11	3/6/01	NR	NR	NR	NR	NR
Well 11	3/8/01	6.5	55	159	NR	NR
Well 11	3/13/01	7.0	55	195	NR	NR
Well 11	3/15/01	6.8	55	188	NR	NR
Well 11	3/20/01	7.2	56	188	NR	NR
Well 11	3/22/01	NR	NR	NR	NR	NR
Well 11	3/27/01	7.7	55	155	NR	NR
Well 11	3/29/01	7.6	54	188	NR	NR
Well 12	3/1/01	8.0	55	122	NR	NR
Well 12	3/6/01	NR	NR	NR	NR	NR
Well 12	3/8/01	7.2	56	148	NR	NR
Well 12	3/13/01	7.2	56	188	NR	NR
Well 12	3/15/01	6.8	56	160	NR	NR
Well 12	3/20/01	7.2	56	188	NR	NR
Well 12	3/22/01	7.0	56	146	NR	NR
Well 12	3/27/01	7.6	55	115	NR	NR
Well 12	3/29/01	7.7	54	132	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.