

Environmental Services Division



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

[www.bnl.gov](http://www.bnl.gov)

November 7, 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 October 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 October 2001.

Attachment II: October 2001 Biweekly Water Quality Monitoring Data for BNL Potable Water Wells and 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.

November 7, 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. Allococo 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. Allococo	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 October 2001**

## BROOKHAVEN NATIONAL LABORATORY

## WATER SYSTEMS OPERATION REPORT

## PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169		STATION 11515100		SUFFOLK COUNTY		REPORTING PERIOD: OCTOBER	2001
LOCATION: Water Treatment Facility							
Did an emergency occur in any part of the water system? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
Source: Ground Water Does the system have a chlorination waiver? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
Day of month	CHLORINATION			pH			
	Treated Water	Liquid Sodium Hypochlorite Gallons	Cl <sub>2</sub> use per 24hrs	Free Cl <sub>2</sub> Residual mg/l	Lime Sodium Hydroxide	Totalizer Daily Totalizer	
K Gals	82				12439543		
1	938	72	10	0.72	7.1	12440481	
2	1,350	62	10	0.74	7	12441831	
3	1,360	50+150	12	0.92	7	12443191	
4	1,377	195	5	0.84	7.1	12444568	
5	1,358	182	13	0.7	7.2	12445926	
6	0						
7	0						
8	4,128	152	30	0.78	6.9	12450054	
9	1,336	143	9	0.62	6.7	12451390	
10	1,361	132	11	6.8	6.8	12452751	
11	1,354	123+77	9	1	7.4	12454105	
12	1,364	190	10	0.84	7	12455469	
13	0						
14	0						
15	4,149	155	35	0.92	7.2	12459618	
16	1,358	145	10	0.68	7.3	12460976	
17	1,384	135	10	0.89	7.4	12462360	
18	1,388	125	10	0.49	7.4	12463748	
19	1,369	115	10	0.3	7.2	12465117	
20	0						
21	0						
22	4,137	90	25	0.71	7.4	12469254	
23	1,376	79	11	0.45	7.6	12470630	
24	1,385	63	16	0.62	7.4	12472015	
25	1,366	50+150	13	1	7.4	12473381	
26	1,379	190	10	0.83	7.3	12474760	
27	0						
28	0						
29	4,257	160	30	0.94	7.3	12479017	
30	1,344	150	10	0.78	7.3	12480361	
31	1,378	140	10	0.67	7.3	12481739	
TOT	42,196		319				
AVG.	1361.16		10.29	No. Days:	31		

Reported by: JC Foor

Date: 11-7-01

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: OCTOBER 2001																																																																																																																																																																																																																										
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<table border="1"> <thead> <tr> <th colspan="4">CHLORINATION</th> <th>pH</th> <th></th> </tr> <tr> <th rowspan="2">Day of month</th> <th>Treated Water</th> <th>Liquid Sodium Hypochlorite Gallons</th> <th>Cl<sub>2</sub> use per 24hrs</th> <th>Free Cl<sub>2</sub> Residual mg/l</th> <th>Lime Sodium Hydroxide Totalizer Daily Totalizer</th> </tr> </thead> <tbody> <tr> <td>K Gals</td> <td>130</td> <td></td> <td></td> <td></td> <td>1479844</td> </tr> <tr><td>1</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>2</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>3</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>4</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>5</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>6</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>9</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>10</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>11</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>12</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>13</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>16</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>17</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>18</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>19</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>20</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr><td>21</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr><td>22</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>23</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>24</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>25</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>26</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>27</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr><td>28</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr><td>29</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>30</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr><td>31</td><td>0</td><td>130</td><td>0</td><td>NR</td><td>NR</td></tr> <tr> <td>TOT</td><td>0</td><td></td><td>0</td><td>No. Days:</td><td>31</td></tr> <tr> <td>AVG.</td><td>0.00</td><td></td><td>0.00</td><td></td><td></td></tr> </tbody> </table>						CHLORINATION				pH		Day of month	Treated Water	Liquid Sodium Hypochlorite Gallons	Cl <sub>2</sub> use per 24hrs	Free Cl <sub>2</sub> Residual mg/l	Lime Sodium Hydroxide Totalizer Daily Totalizer	K Gals	130				1479844	1	0	130	0	NR	NR	2	0	130	0	NR	NR	3	0	130	0	NR	NR	4	0	130	0	NR	NR	5	0	130	0	NR	NR	6	0					7	0					8	0	130	0	NR	NR	9	0	130	0	NR	NR	10	0	130	0	NR	NR	11	0	130	0	NR	NR	12	0	130	0	NR	NR	13	0					14	0					15	0	130	0	NR	NR	16	0	130	0	NR	NR	17	0	130	0	NR	NR	18	0	130	0	NR	NR	19	0	130	0	NR	NR	20	0					21	0					22	0	130	0	NR	NR	23	0	130	0	NR	NR	24	0	130	0	NR	NR	25	0	130	0	NR	NR	26	0	130	0	NR	NR	27	0					28	0					29	0	130	0	NR	NR	30	0	130	0	NR	NR	31	0	130	0	NR	NR	TOT	0		0	No. Days:	31	AVG.	0.00		0.00		
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Reported by: SD Rast

Title: Water Systems Supervisor

Date: 11-7-01Certification No. NY0031941

## BROOKHAVEN NATIONAL LABORATORY

## WATER SYSTEMS OPERATION REPORT

## PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169

STATION 11515100

SUFFOLK COUNTY

REPORTING PERIOD: OCTOBER

2001

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		
	Treated Water	Liquid Sodium	Hypochlorite	Free Cl2	Lime	Totalizer
		Gallons	Cl2 use per 24hrs	Residual	Sodium	Daily Totalizer
1	643	129	36	0.02	5.6	237894
2	890	110	19	0.08	6.2	238784
3	1,204	90	20	1.37	6.4	239988
4	944	70	20	0.23	6	240932
5	907	55+115	15	0.32	6.2	241839
6	0					
7	0					
8	2,396	128	42	0.03	6	244235
9	736	112	16	0.02	5.4	244971
10	776	100	12	0.02	5.5	245747
11	763	80+120	20	0.02	6	246510
12	1,013	190	10	0.01	5.7	247523
13	0					
14	0					
15	2,490	145	45	0.03	5.8	250013
16	758	131	14	0.06	5.9	250771
17	653	119	12	0.27	5.8	251424
18	877	102	17	0.03	5.6	252301
19	504	90+110	12	0.01	5.6	252805
20	0					
21	0					
22	2,333	158	42	0.07	5.6	255138
23	887	140	18	0.018	5.6	256025
24	804	125	15	0.04	5.6	256829
25	819	110	15	0.07	5.9	257648
26	756	95+60	15	0.12	5.6	258404
27	0					
28	0					
29	2,045	118	37	0.07	5.8	260449
30	872	100	18	0.08	5.8	261321
31	942	80+100	20	0.05	5.6	262263
TOT	25,012		490			
AVG.	806.84		15.81	No. Days:	31	

Reported by:

*St. glass*Date: *11-7-01*

Title: Water Systems Supervisor

Certification No. NY0031941

## BROOKHAVEN NATIONAL LABORATORY

## WATER SYSTEMS OPERATION REPORT

## PUBLIC WATER SUPPLY PROTECTION

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## BROOKHAVEN NATIONAL LABORATORY

## WATER SYSTEMS OPERATION REPORT

## PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169

STATION 11515100

SUFFOLK COUNTY

REPORTING PERIOD: OCTOBER

2001

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
	Treated Water	Liquid Sodium Hypochlorite Gallons	Free Cl2 use per 24hrs	Residual mg/l	
	K Gals	58			Daily Totalizer
1	0	58	0	NR	NR
2	0	58	0	NR	NR
3	0	58	0	NR	NR
4	0	58	0	NR	NR
5	79	58	0	NR	NR
6	0				
7	0				
8	0	58	0	NR	NR
9	0	58	0	NR	NR
10	0	58	0	NR	NR
11	0	58	0	NR	NR
12	0	58	0	NR	NR
13	0				
14	0				
15	0	58	0	NR	NR
16	0	58	0	NR	NR
17	0	58	0	NR	NR
18	0	58	0	NR	NR
19	0	58	0	NR	NR
20	0				
21	0				
22	0	58	0	NR	NR
23	0	58	0	NR	NR
24	0	58	0	NR	NR
25	0	58	0	NR	NR
26	0	58	0	NR	NR
27	0				
28	0				
29	0	58	0	NR	NR
30	0	58	0	NR	NR
31	0	58	0	NR	NR
TOT	79		0		
AVG.	2.55		0.00	No. Days:	31

Reported by:



Title: Water Systems Supervisor

Date: 11-7-01

Certification No. NY0031941

## BROOKHAVEN NATIONAL LABORATORY

## WATER SYSTEMS OPERATION REPORT

## PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169

STATION 11515100

SUFFOLK COUNTY

REPORTING PERIOD: OCTOBER

2001

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	
	Treated Water	Liquid Sodium Hypochlorite	Free Cl <sub>2</sub>	Lime	Totalizer
		Gallons	Cl <sub>2</sub> use	Residual	Sodium
1	K Gals	185	per 24hrs	mg/l	Hydroxide
1	0	185	0	0.35	7.2
2	5	185	0	0.35	6.8
3	5	185	0	NR	NR
4	0	185	0	0.43	7.3
5	14	185	0	0.58	7.2
6	0				
7	0				
8	4	185	0	0.48	7.4
9	274	180	5	0.5	6
10	3	180	0	NR	NR
11	0	180	0	0.48	7.4
12	6	180	0	NR	NR
13	0				
14	0				
15	0	180	0	NR	NR
16	0	180	0	NR	NR
17	3	180	0	NR	NR
18	0	180	0	0.7	7.1
19	3	180	0	0.75	7
20	0				
21	0				
22	0	180	0	NR	NR
23	0	180	0	NR	NR
24	5	180	0	NR	NR
25	118	180	0	NR	NR
26	3	180	0	NR	NR
27	0				
28	0				
29	0	180	0	0.35	7.3
30	4	180	0	0.55	7.1
31	7	180	0	NR	NR
TOT	454		5		
AVG.	14.65		0.16	No. Days:	31

Reported by: St. LazzDate: 11-7-01

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: OCTOBER

2001

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	
	Treated Water	Liquid Sodium Hypochlorite	Free Cl2	Lime	Totalizer	
		Gallons	Cl2 use per 24hrs	Residual	Sodium	
1	1,549	112	18	0.82	7.9	361900
2	4	111	1	0.65	8	361904
3	5	111	0	0.73	7.9	361909
4	496	108	3	0.6	7.7	362405
5	261	105+30	3	0.5	7.8	362666
6	0					
7	0					
8	852	128	7	NR	NR	363518
9	0	128	0	0.5	6	363518
10	4	128	0	NR	NR	363522
11	0	128	0	0.45	7.6	363522
12	244	125	3	NR	NR	363766
13	0					
14	0					
15	533	121	4	0.64	7.4	364299
16	217	120	1	0.51	7.5	364516
17	340	119	1	0.59	7.4	364856
18	343	113	6	0.78	7.4	365199
19	401	110+40	3	0.59	7.4	365600
20	0					
21	0					
22	1,121	148	2	0.64	7.5	366721
23	594	142	6	0.67	7.3	367315
24	690	140	2	0.9	7.2	368005
25	696	135	5	0.7	7.3	368701
26	617	130	5	0.7	7.3	369318
27	0					
28	0					
29	412	125	5	0.6	7.5	369730
30	501	122	3	0.6	7.4	370231
31	305	119	3	0.8	7.6	370536
TOT	10,185		81			
AVG.	328.55		2.61	No. Days:	31	

Reported by:

*J. D. Lazz*

Title: Water Systems Supervisor

Date: *11-7-01*Certification No. NY0031941

10/31/01

Pump Data

## MONTHLY GALLONAGE REPORT

2001 OCTOBER

Date	Well 4	Well 6	Well 7	Well 10	Well 11	Well 12	Daily Total
1	0	643	995	0	0	1,549	3,187
2	0	890	1,405	0	5	4	2,304
3	0	1,204	1,431	0	5	5	2,645
4	0	944	1,399	0	0	496	2,839
5	0	907	1,417	79	14	261	2,678
6	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0
8	0	2,396	4,167	0	4	852	7,419
9	0	736	1,343	0	274	0	2,353
10	0	776	1,401	0	3	4	2,184
11	0	763	1,395	0	0	0	2,158
12	0	1,013	1,404	0	6	244	2,667
13	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0
15	0	2,490	4,213	0	0	533	7,236
16	0	758	1,376	0	0	217	2,351
17	0	653	1,372	0	3	340	2,368
18	0	877	1,423	0	0	343	2,643
19	0	504	1,373	0	3	401	2,281
20	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0
22	0	2,333	4,146	0	0	1,121	7,600
23	0	887	1,375	0	0	594	2,856
24	0	804	1,373	0	5	690	2,872
25	0	819	1,410	0	118	696	3,043
26	0	756	1,407	0	3	617	2,783
27	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0
29	0	2,045	4,251	0	0	412	6,708
30	0	872	1,379	0	4	501	2,756
31	0	942	1,393	0	7	305	2,647
Total	0	25,012	42,848	79	454	10,185	78,578
	Totalizer This Month		Totalizer Last Month		Total(x,1000) Gallons		
	Well 4	1,479,844	1,479,844		0		
	Well 6	262,263	237,251		25,012		
	Well 7	668,359	625,511		42,848		
	Well 10	764,322	764,243		79		
	Well 11	366,737	366,283		454		
	Well 12	370,536	360,351		10,185		
AGS Water Supply Meter	315,307	301,525			13782.00		
Medical Reactor - Well 105	91,710,910	91,710,910			0.00		
Biology Building - Well 9	6,215,910	6,164,050			51.86		

**H2M LABS, INC.**

575 Broad Hollow Road, Melville NY 11747  
 (631) 694-3040, FAX: (631) 420-8436 NYSDOH ID#10472

**LABORATORY RESULTS**

BROOKHAVEN NATIONAL LAB.-BNLM

Lab No. : 0110166-001A

**Sample Information...**

Type : Potable Water

Origin : Other

Routine

70 BELL AVE.  
 UPTON, NY 11973  
 Attn To : S. SCARPITTA

Federal ID 5111891

Client ID. : 8451-001

Collected : 10/4/01 11:10:00 AM Point No : 1

Received : 10/4/01 3:35:00 PM Location : B-49 WATER TOWER

Collected By : CLIENT

Copies To : BOB LEE

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/5/01 9:30:00 AM
E_Coliform	Absent		Absent	M9223	10/5/01 9:30:00 AM

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

Date Reported : 11/6/01

A handwritten signature in black ink, appearing to read "Joann M. Alvarin".

**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 11873

Attn To : S. SCARPITTA

Federal ID 5111891

Collected : 10/4/01 11:20:00 AM

Received : 10/4/01 3:35:00 PM

Collected By : CLIENT

Copies To : BOB LEE

**LABORATORY RESULTS**

Lab No. : 0110166-002A

Client ID. : 8451-002

**Sample Information...**

Type : Potable Water

Origin : Other

Routine

Point No : 2

Location : B-640 WATER TOWER

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/5/01 9:30:00 AM
E_Coliform	Absent		Absent	M9223	10/5/01 9:30:00 AM

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

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

Date Reported : 11/6/01

A handwritten signature in black ink, appearing to read "Joann M. Slavin".

**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 : S. SCARPITTA

Federal ID 5111891

Collected : 10/4/01 10:20:00 AM Point No : 3

Received : 10/4/01 3:35:00 PM Location : B-1005 RHIC

Collected By : CLIENT

Copies To : BOB LEE

**LABORATORY RESULTS**

Lab No. : 0110166-003A

Client ID. : 8451-003

**Sample Information...**

Type : Potable Water

Origin : Other

Routine

<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	10/5/01 9:30:00 AM
E_Coliform	Absent		Absent	M9223	10/5/01 9:30:00 AM

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

Date Reported : 11/6/01

**H2M LABS, INC.**

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

BROOKHAVEN NATIONAL LAB.-BNLM

70 BELL AVE.

UPTON, NY 11973

Attn To : S. SCARPITTA

Federal ID 5111891

Collected : 10/4/01 1:00:00 PM Point No : 4

Received : 10/4/01 3:35:00 PM Location : B-363 APT.LAUNDRY

Collected By : CLIENT

Copies To : BOB LEE

**LABORATORY RESULTS**

Lab No. : 0110166-004A

**Sample Information...**

Type : Potable Water

Origin : Other

Routine

Client ID. : 8451-004

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/5/01 9:30:00 AM
E_Coliform	Absent		Absent	M9223	10/5/01 9:30:00 AM

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.-BNL  
 70 BELL AVE.  
 UPTON, NY 11973  
 Attn To : S. SCARPITTA

Federal ID 5111891  
 Collected : 10/4/01 10:40:00 AM Point No : 23  
 Received : 10/4/01 3:35:00 PM Location : B-725 NSLS  
 Collected By : CLIENT  
 Copies To : BOB LEE

**LABORATORY RESULTS**

Lab No. : 0110166-005A

Client ID. : 8451-005

## Sample Information...

Type : Potable Water  
 Origin : Other  
 Routine

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	10/5/01 9:30:00 AM
E_Coliform	Absent		Absent	M9223	10/5/01 9:30:00 AM

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

Date Reported : 11/6/01

**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 : S. SCARPITTA

Federal ID 5111891  
 Collected : 10/4/01 10:45:00 AM Point No : 24  
 Received : 10/4/01 3:35:00 PM Location : B-490 BLOCK 1 AFC  
 Collected By : CLIENT  
 Copies To : BOB LEE

**LABORATORY RESULTS**

Lab No. : 0110166-006A

Client ID. : 8451-006

**Sample Information...**

Type : Potable Water

Origin : Other

Routine

<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	10/5/01 9:30:00 AM
E_Coliform	Absent		Absent	M9223	10/5/01 9:30:00 AM

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

Data Reported : 11/6/01

**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 : S. SCARPITTA

Federal ID 5111891

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

Point No : 25

Received : 10/4/01 2:35:00 PM

Location : B-490 BLOCK 4 MRC

Collected By : CLIENT

Copies To : BOB LEE

**LABORATORY RESULTS**

Lab No. : 0110166-007A

**Sample Information...**

Type : Potable Water

Origin : Other

Routine

Client ID. : 8451-007

<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	10/5/01 9:30:00 AM
E_Coliform	Absent		Absent	M9223	10/5/01 9:30:00 AM

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

Date Reported : 11/6/01

**ATTACHMENT II**

**Brookhaven National Laboratory  
Potable Water Supply**

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

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

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity ( $\mu$ mhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	10/2/01	7.0	55	196	NR	NR
WTP	10/4/01	7.1	56	181	NR	NR
WTP	10/9/01	6.7	56	127	NR	NR
WTP	10/11/01	7.4	55	129	NR	NR
WTP	10/16/01	7.3	54	147	NR	NR
WTP	10/18/01	7.4	54	133	NR	NR
WTP	10/23/01	7.6	55	152	NR	NR
WTP	10/25/01	7.4	56	141	NR	NR
WTP	10/30/01	7.4	53	128	NR	NR
Well 12	10/2/01	8.0	56	158	NR	NR
Well 12	10/4/01	7.7	56	234	NR	NR
Well 12	10/9/01	6.0	56	220	NR	NR
Well 12	10/11/01	7.6	55	142	NR	NR
Well 12	10/16/01	7.5	56	145	NR	NR
Well 12	10/18/01	7.4	56	158	NR	NR
Well 12	10/23/01	7.3	56	155	NR	NR
Well 12	10/25/01	7.3	56	160	NR	NR
Well 12	10/30/01	7.4	56	158	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.