

BROOKHAVEN
NATIONAL LABORATORY

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

March 7, 2003

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

Dear Ms. Kathleen Newcomer:

Subject: Monthly Water Treatment Plant Reports
Reference: Suffolk County Minimum Monitoring Requirements for February 2003

In accordance with the requirements of the BNL Potable Water System Sampling Plan and the 2003 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 and Bacteriological Reports for February.
- Attachment II: February 2003 Biweekly Water Quality Monitoring Data for the BNL Potable Water Wells and the BNL Distribution System.
- Attachment III: 2002 Semi-Annual Cyanide Analyses for the 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.



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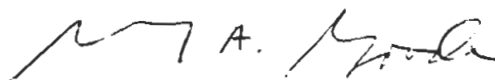
NSF's Registration Program
is accredited by the American
National Standards Institute
Registration Accreditation Board

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.

After reviewing the 2002 Potable Water data it was discovered that the analytical laboratory inadvertently left out the cyanide analyses when reporting inorganic data for the July sampling of the BNL potable wells and BNL distribution system. Therefore the cyanide results are attached.

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,



George A. Goode
Environmental & Waste Management Services
Division Manager

GAG/MA:car

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

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ATTACHMENT I

**Brookhaven National Laboratory
Potable Water Supply**

**Monthly Operational and Bacteriological Reports for February 2003
for the BNL Potable Water System**

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169

STATION 11515100

SUFFOLK COUNTY

REPORTING PERIOD:

FEBRUARY

2003

LOCATION: **Water Treatment Facility**

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	Liquid Sodium Hypochlorite		Free Cl ₂ Residual	Lime Sodium Hydroxide	12772755	
	K. Gals	Gallons	Cl ₂ use per 24hrs	mg/l			
1	0						
2	0						
3	3.171	170	30	1.1	7.4	12775926	
4	1.078	160	10	1.2	7.5	12777004	
5	1.059	150+50	10	1	7.4	12778063	
6	1.070	190	10	1.1	7.6	12779133	
7	1.098	180	10	1.2	7.4	12780231	
8	0						
9	0						
10	3.201	145	35	0.79	7.6	12783432	
11	1.070	138	7	0.97	7.4	12784502	
12	1.097	128	10	1	7.5	12785599	
13	941	120	8	0.86	7.6	12786540	
14	1.079	110	10	0.8	7.7	12787619	
15	0						
16	1.951	98	12	1	7.5	12789570	
17	0						
18	0						
19	2.440	65	33	0.61	7.8	12792010	
20	451	60+140	5	0.45	7.9	12792461	
21	582	200	0	0.9	7.8	12793043	
22	0						
23	0						
24	1.585	183	17	0.71	7.6	12794628	
25	1.016	173	10	1	7.4	12795644	
26	995	166+46	7	0.99	7.4	12796639	
27	860	192	7	1.1	7.7	12797499	
28	890	189	3	0.91	7.4	12798389	
29	0						
30	0						
31	0						
TOT	25.634		234				
AVG	915.50		8.36	No. Days:	28		

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. DeFlora

Date:

3-4-03

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: <u>02/03</u> 2004
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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 1529130
	Treated Water K. Gals	Liquid Sodium Hypochlorite		Free Cl2 Residual mg/l	Lime Sodium Hydroxide		
		Gallons	Cl2 use per 24hrs		Sodium Hydroxide	Totalizer	
1	0						
2	0						
3	1,656	108	33	0.63	6.2	1530786	
4	517	96	12	0.32	6.1	1531303	
5	531	87+63	9	0.68	6.1	1531834	
6	566	138	12	0.72	6.1	1532400	
7	553	126	12	0.61	6.1	1532953	
8	0						
9	0						
10	1,548	96	30	0.79	6.1	1534501	
11	503	84+48	12	0.46	6.1	1535004	
12	574	126	6	0.9	6.1	1535578	
13	408	117	9	0.8	6.1	1535986	
14	534	105+45	12	0.53	6.1	1536520	
15	0						
16	905	126	24	0.42	5.9	1537425	
17	0						
18	0						
19	768	NR	NR	0.41	6.2	1538193	
20	0	111	15	0.03	6.1	1538193	
21	200	105+45	6	0.6	6	1538393	
22	0						
23	0						
24	147	141	9	0.32	6.2	1538540	
25	368	129	12	0.33	6.2	1538908	
26	529	126	3	0.4	6.2	1539437	
27	320	120	6	0.92	6.2	1539757	
28	458	111	9	0.66	6.1	1540215	
29	0						
30	0						
31	0						
TOT	11,085		231				
AVG	395.89		8.25	No. Days:	28		

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. Powell*

Date: 3-4-03

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: 02/03 ~~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		Totalizer Daily Totalizer
	Treated Water	Liquid Sodium Hypochlorite		Free Cl2 Residual	Lime Sodium Hydroxide	365831	
	K. Gals	Gallons	Cl2 use per 24hrs	mg/l			
1	0						
2	0						
3	540	132	18	0.63	6.2	366371	
4	41	129	3	0.32	6.1	366412	
5	144	123	6	0.68	6.1	366556	
6	97	123	12	0.72	6.1	366653	
7	144	117	6	0.61	6.1	366797	
8	0						
9	0						
10	469	108	9	0.79	6.1	367266	
11	30	105	3	0.46	6.1	367296	
12	154	102	3	0.9	6.1	367450	
13	0	102	0	0.8	6.1	367450	
14	0	102+48	0	0.53	6.1	367450	
15	0						
16	198	138	12	0.42	5.9	367648	
17	0						
18	0						
19	203	NR	NR	0.41	6.2	367851	
20	0	129	9	0.03	6.1	367851	
21	37	129+21	0	0.6	6	367858	
22	0						
23	0						
24	71	144	6	0.32	6.2	367959	
25	0	138	6	0.33	6.2	367959	
26	297	135	3	0.4	6.2	368256	
27	132	132	3	0.92	6.2	368358	
28	211	129	3	0.66	6.1	368599	
29	0						
30	0						
31	0						
TOT	2,768		102				
AVG.	98.96		3.64	No. Days:	28		

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]

Title: Water Systems Supervisor

Date: 3-4-03

Certification No. NY0031941

BROOKHAVEN NATIONAL LABORATORY

WATER SYSTEMS OPERATION REPORT

PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: 02/03 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 Daily Totalizer
	Treated Water	Liquid Sodium Hypochlorite		Free Cl ₂ Residual	Lime Sodium Hydroxide	
		Gallons	Cl ₂ use per 24hrs			
1	0					
2	0					
3	3.464	75	60	0.63	6.2	998560
4	1.173	60+90	15	0.32	6.1	999733
5	1.106	130	20	0.68	6.1	1000839
6	1.174	111	19	0.72	6.1	1002013
7	1.124	90+60	21	0.61	6.1	1003137
8	0					
9	0					
10	3.515	84	66	0.79	6.1	1006652
11	1.232	63+87	21	0.46	6.1	1007884
12	1.156	129	21	0.9	6.1	1009040
13	1.112	108	21	0.8	6.1	1010152
14	1.303	87+63	11	0.53	6.1	1011455
15	0					
16	2.276	108	42	0.42	5.9	1013731
17	0					
18	0					
19	2.798	NR	NR	0.41	6.2	1016529
20	686	96	12	0.03	6.1	1017215
21	614	90+60	6	0.6	6	1017829
22	0					
23	0					
24	2.145	105	45	0.32	6.2	1019974
25	1.218	81	24	0.33	6.2	1021192
26	1.093	69+81	12	0.4	6.2	1022285
27	967	135	15	0.92	6.2	1023252
28	911	120	15	0.66	6.1	1024163
29	0					
30	0					
31	0					
TOT	29,067		446			
AVG.	1035.11		15.93	No. Days:	28	

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 turb) 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 *D. A. [Signature]*

Date: 3-4-03

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: 02/03

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 Daily Totalizer 764819
	Treated Water K Gals	Liquid Sodium Hypochlorite		Free Cl2 Residual mg/l	Lime Sodium Hydroxide		
		Gallons	Cl2 use per 24hrs				
1	0						
2	0						
3	0	99	0	NR	NR	764819	
4	0	99	0	NR	NR	764819	
5	0	45	0	NR	NR	764819	
6	0	45	0	NR	NR	764819	
7	0	45	0	NR	NR	764819	
8	0						
9	0						
10	0	45	0	NR	NR	764819	
11	0	45	0	NR	NR	764819	
12	0	45	0	NR	NR	764819	
13	0	45	0	NR	NR	764819	
14	0	45	0	NR	NR	764819	
15	0						
16	0	45	0	NR	NR	764819	
17	0						
18	0						
19	0	45	0	NR	NR	764819	
20	0	45	0	NR	NR	764819	
21	0	45	0	NR	NR	764819	
22	0						
23	0						
24	0	45	0	NR	NR	764819	
25	0	45	0	NR	NR	764819	
26	0	45	0	NR	NR	764819	
27	0	45	0	NR	NR	764819	
28	0	45	0	NR	NR	764819	
29	0						
30	0						
31	0						
TOT	0		0				
AVG	0.00		0.00	No. Days:	28		

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. Schaefer*

Date: 3-4-03

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: 02/03

2004

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 Residual mg/l	Lime Sodium Hydroxide	Totalizer	
		Gallons	Cl2 use per 24hrs				
1	0						
2	0						
3	436	126	3	0.26	7		467200
4	12	123	3	0.50	7.2		467212
5	34	123	0	0.36	7.2		467246
6	9	123	0	0.31	7.2		467255
7	11	123	0	0.32	7.2		467266
8	0						
9	0						
10	174	120	3	0.58	7		467440
11	68	117	3	0.58	7		467508
12	252	111	6	1.5	7.1		467760
13	301	102	9	1	6.7		468061
14	2	102	0	NR	NR		468063
15	0						
16	1,126	102	0	NR	NR		469189
17	0						
18	0						
19	2,863	NR	NR	NR	NR		472052
20	688	87	15	0.54	6.8		472740
21	594	72+78	15	0.42	5.7		473334
22	0						
23	0						
24	2,439	117	33	NR	NR		475773
25	24	117	0	0.75	7.3		475797
26	305	114+36	3	NR	NR		476102
27	717	150	0	0.5	6.6		476819
28	652	150	0	0.58	6.7		476167
29	0						
30	0						
31	0						
TOT	9,403		93				
AVG	335.82		3.32	No. Days:	28		

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 lower 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 turb) 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. de Rosa

Date 3-4-03

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: 02/03

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		Totalizer Daily Totalizer 605236
	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						
2	0						
3	0	81	0	NR	NR	605236	
4	0	81	0	NR	NR	605236	
5	7	45	36	0.3	7.3	605243	
6	268	42	3	0.28	7.3	605511	
7	1	42+48	0	0.65	7.2	605512	
8	0						
9	0						
10	150	90	0	0.67	7.1	605662	
11	103	90	0	0.57	7.1	605765	
12	2	90	0	1	6.4	605767	
13	0	90	0	0.8	6.7	605767	
14	1	90	0	NR	NR	605768	
15	0						
16	0	90	0	NR	NR	605768	
17	0						
18	0						
19	668	NR	NR	NR	NR	606436	
20	687	90	0	NR	NR	607123	
21	32	90+15	0	5.9	0.51	607155	
22	0						
23	0						
24	0	105	0	NR	NR	607155	
25	315	105	0	0.4	7.5	607470	
26	269	105	3	NR	NR	607739	
27	104	105	0	0.79	6.6	607843	
28	47	105	0	0.75	6.8	607890	
29	0						
30	0						
31	0						
TOT	2,654		42				
AVG.	94.79		1.50	No. Days:	28		

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

2

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 or 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 turb) 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. A. [Signature]

Title: Water Systems Supervisor

Date: 3-4-03

Certification No. NY0031941

3/3/03
Pump Data

MONTHLY GALLONAGE REPORT
FEBRUARY 2003.xls

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0
3	1,656	540	3,464	0	436	0	6,096
4	517	41	1,173	0	12	0	1,743
5	531	144	1,106	0	34	7	1,822
6	566	97	1,174	0	9	268	2,114
7	553	144	1,124	0	11	1	1,833
8	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0
10	1,548	469	3,515	0	174	150	5,856
11	503	30	1,232	0	68	103	1,936
12	574	154	1,156	0	252	2	2,138
13	408	0	1,112	0	301	0	1,821
14	534	0	1,303	0	2	1	1,840
15	0	0	0	0	0	0	0
16	905	198	2,276	0	1,126	0	4,505
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	768	203	2,798	0	2,863	668	7,300
20	0	0	686	0	688	687	2,061
21	200	37	614	0	594	32	1,477
22	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0
24	147	71	2,145	0	2,439	0	4,802
25	368	0	1,218	0	24	315	1,925
26	529	297	1,093	0	305	269	2,493
27	320	132	967	0	717	104	2,240
28	458	211	911	0	652	47	975
29	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0
Total	11,085	2,768	29,067	0	9,403	2,654	54,977
			Totalizer This Month		Totalizer Last Month		Total(x1,000) Gallons
	Well 4		1,540,215		1,529,130		11,085
	Well 6		368,599		365,831		2,768
	Well 7		1,024,163		995,096		29,067
	Well 10		764,819		764,819		0
	Well 11		476,819		466,764		10,055
	Well 12		607,890		605,236		2,654
AGS Water Supply Meter			429,364		421,555		7809.00
Medical Reactor - Well 105			0		0		0.00
Biology Building - Well 9			6,735,900		6,721,900		14.00

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. : 0302176-001A

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

Federal ID 5111891

Client ID. : 16023-001

Collected : 2/6/03 10:45:00 AM

Point No : 094-273

Received : 2/6/03 2:50:00 PM

Location : B-49 Water Tower

Collected By : CLIENT

Copies To : Tony Ross

<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	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	1.0	mg/L		M4500-CI G	2/6/03

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

Date Reported : 2/10/03

Joann M. Slavin

Laboratory Manager

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. : 0302176-002A

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

Federal ID 5111891

Client ID. : 16023-002

Collected : 2/6/03 10:30:00 AM

Point No : 076-408

Received : 2/6/03 2:50:00 PM

Location : B-640 Water Tower

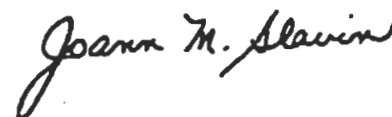
Collected By : CLIENT

Copies To : Tony Ross

<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	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	1.0	mg/L		M4500-CI G	2/6/03

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

Date Reported : 2/10/03



Laboratory Manager

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. : 0302176-003A

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

Federal ID : 5111891
Collected : 2/6/03 9:30:00 AM
Received : 2/6/03 2:50:00 PM
Collected By : CLIENT
Copies To : Tony Ross

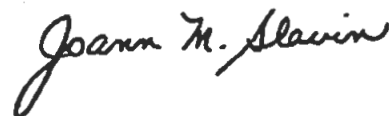
Client ID. : 16023-003

Point No : 045-12
Location : B-1005 Rhic

<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	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	0.3	mg/L		M4500-C1 G	2/6/03

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

Date Reported : 2/10/03



Laboratory Manager

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. : 0302176-004A

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

Federal ID : 5111891

Client ID. : 16023-004

Collected : 2/6/03 9:15:00 AM

Point No : 109-19

Received : 2/6/03 2:50:00 PM

Location : B-363 Apt.Laundry

Collected By : CLIENT

Copies To : Tony Ross

<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	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-CI G	2/6/03

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

Date Reported : 2/10/03

Joann M. Slavin

Laboratory Manager

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. : 0302176-005A

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

Federal ID : 5111891

Client ID. : 16023-005

Collected : 2/6/03 10:15:00 AM

Point No : 075-602

Received : 2/6/03 2:50:00 PM

Location : B-725 Nsls

Collected By : CLIENT

Copies To : Tony Ross

<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	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	1.0	mg/L		M4500-CI G	2/6/03

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

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

Date Reported : 2/10/03

Joann M. Slavin

Laboratory Manager

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. : 0302176-006A

Sample Information...

Type : Potable Water

Origin : Dist.

Routine

Federal ID 5111891

Client ID. : 16023-006

Collected : 2/6/03 11:00:00 AM

Point No : 084-69

Received : 2/6/03 2:50:00 PM

Location : B-490 Block 1 Afc

Collected By : CLIENT

Copies To : Tony Ross

<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	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	0.9	mg/L		M4500-C1 G	2/6/03

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

Date Reported : 2/10/03

Joann M. Slavin

Laboratory Manager

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. : 0302176-007A

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

Federal ID 5111891

Client ID. : 16023-007

Collected : 2/6/03 11:05:00 AM

Point No : 084-68

Received : 2/6/03 2:50:00 PM

Location : B-490 Block 4 Mrc

Collected By : CLIENT

Copies To : Tony Ross

<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	2/6/03 5:00:00 PM
E_Coliform	Absent		Absent	M9223	2/6/03 5:00:00 PM
Total Residual Chlorine	1.1	mg/L		M4500-CI G	2/6/03

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

Date Reported : 2/10/03

Joann M. Slavin

Laboratory Manager

ATTACHMENT II

**Brookhaven National Laboratory
Potable Water Supply**

**February 2003 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
February 2003

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	2/4/03	7.5	53	236	NR	NR
WTP	2/6/03	7.6	52	154	NR	NR
WTP	2/11/03	7.4	52	219	NR	NR
WTP	2/13/03	7.6	53	154	NR	NR
WTP	2/18/03	NR	NR	NR	NR	NR
WTP	2/20/03	7.9	52	170	NR	NR
WTP	2/25/03	7.4	53	195	NR	NR
WTP	2/27/03	7.7	51	212	NR	NR
Well 11	2/4/03	7.2	55	187	NR	NR
Well 11	2/6/03	7.2	55	189	NR	NR
Well 11	2/11/03	7.0	55	197	NR	NR
Well 11	2/13/03	7.2	55	167	NR	NR
Well 11	2/18/03	NR	NR	NR	NR	NR
Well 11	2/20/03	6.8	55	185	NR	NR
Well 11	2/25/03	7.3	55	180	NR	NR
Well 11	2/27/03	6.6	55	205	NR	NR
Well 12	2/4/03	NR	NR	NR	NR	NR
Well 12	2/6/03	7.3	55	202	NR	NR
Well 12	2/11/03	7.1	55	230	NR	NR
Well 12	2/13/03	7.2	55	173	NR	NR
Well 12	2/18/03	NR	NR	NR	NR	NR
Well 12	2/20/03	NR	NR	NR	NR	NR
Well 12	2/25/03	7.5	55	220	NR	NR
Well 12	2/27/03	6.6	55	190	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**

**2002 Semi-Annual Cyanide Analyses for the BNL Potable Water Wells
and the BNL Distribution System.**

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 : S. SCARPITTA

Lab No. : 0207356-008B

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

Federal ID 5111891

Client ID. : 14848-009

Collected : 7/11/02 10:22:00 AM

Point No : 9

Received : 7/11/02 3:15:00 PM

Location : Well #6 Raw

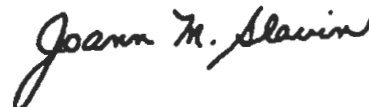
Collected By : SB99

Copies To : Tony Ross

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Cyanide	< 10	µg/L	200	M4500-CN CE	7/18/02 7:20:00 PM

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

Date Reported : 8/12/02



Laboratory Manager

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 : S. SCARPITTA

Lab No. : 0207356-009B

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

Federal ID : 5111891
Collected : 7/11/02 9:18:00 AM
Received : 7/11/02 3:15:00 PM
Collected By : SB99
Copies To : Tony Ross

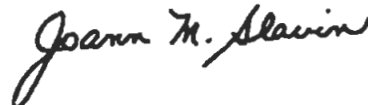
Client ID. : 14848-010

Point No : 10
Location : Well #7 Raw

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Cyanide	< 10	µg/L	200	M4500-CN CE	7/18/02 7:23:00 PM

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

Date Reported : 8/12/02



Laboratory Manager

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 : S. SCARPITTA

Lab No. : 0207356-010B

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

Federal ID : 5111891

Client ID. : 14848-012

Collected : 7/11/02 10:40:00 AM

Point No : 12

Received : 7/11/02 3:15:00 PM

Location : Well #11 Raw

Collected By : SB99

Copies To : Tony Ross

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Cyanide	< 10	µg/L	200	M4500-CN CE	7/18/02 7:24:00 PM

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

Date Reported : 8/12/02

Joann M. Slavine

Laboratory Manager

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 : S. SCARPITTA

Lab No. : 0207356-011B

Sample Information...

Type : Potable Water

Origin : Raw Well

Routine

Federal ID 5111891

Client ID. : 14848-013

Collected : 7/11/02 10:30:00 AM

Point No : 13

Received : 7/11/02 3:15:00 PM

Location : Well #12 Raw

Collected By : SB99

Copies To : Tony Ross

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Cyanide	< 10	µg/L	200	M4500-CN CE	7/18/02 7:25:00 PM

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

Date Reported : 8/12/02

Joann M. Slavin

Laboratory Manager

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 : S. SCARPITTA

Federal ID 5111891

Client ID. : 14848-019

Collected : 7/11/02 11:30:00 AM

Point No : 18

Received : 7/11/02 3:15:00 PM

Location : B-185 Men'S Room

Collected By : SB99

Copies To : Tony Ross

Sample Information...

Type : Potable Water

Origin : Dist.

Routine

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Cyanide	< 10	µg/L	200	M4500-CN CE	7/18/02 7:26:00 PM

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

Date Reported : 8/12/02

Joann M. Slavin

Laboratory Manager

