

**BROOKHAVEN**  
NATIONAL LABORATORY

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

August 7, 2003

DH

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 July 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 July.
- Attachment II: July 2003 Biweekly Water Quality Monitoring Data for the BNL Potable Water Wells and the BNL Distribution System.
- Attachment III: 2003 Third 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.



REGISTERED TO  
ISO 14001: 1996

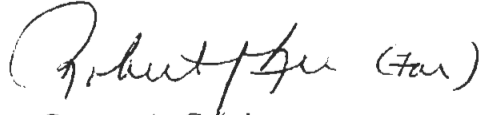


NSF's Registration Program  
is accredited by the American  
National Standards Institute  
Regulatory Administration Board

EC61ER.03

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
	J. Tarpinian	w/o attachments

File: EC61ER.03

**ATTACHMENT I**

**Brookhaven National Laboratory  
Potable Water Supply**

**Monthly Operational and Bacteriological Reports for July 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: <b>JULY 2003</b>
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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 Cl2	Lime	Sodium Hydroxide	
	K Gals	Gallons	Residual	Sodium		
		Cl2 use per 24hrs	mg/l			
1	1,070	100	10	0.75	7.4	12915213
2	1,098	85	15	0.82	7.6	12916311
3	0					
4	2,069	60	25	0.9	7.5	12918380
5	0					
6	0					
7	3,294	18+52	42	0.86	7.3	12921674
8	1,065	48+152	22	0.78	7.6	12922739
9	1,100	187	13	1.1	7.6	12923839
10	1,057	178	9	1.2	7.4	12924896
11	1,048	166	12	0.83	7.5	12925944
12	0					
13	0					
14	3,193	138	28	0.88	7.1	12929137
15	1,081	122	16	1.2	7.3	12930218
16	986	110	12	1	7.4	12931204
17	935	100+100	10	1	7.4	12932139
18	963	190	10	1.2	7.6	12933102
19	0					
20	0					
21	3,056	150	40	0.83	7.8	12936158
22	1,062	133	17	0.81	7.9	12937220
23	979	120	13	1.2	7.5	12938199
24	1,090	105+95	15	0.8	7.9	12939289
25	974	190	10	0.78	7.8	12940263
26	0					
27	0					
28	3,112	160	30	0.87	7.9	12943375
29	1,080	145	15	0.77	7.8	12944455
30	1,073	130	15	0.82	7.8	12945528
31	1,089	112	18	0.78	7.8	12946617
TOT	32,474		397			
AVG.	1047.55		12.81	No. Days:	<b>31</b>	

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: [Signature]

Date: 7-1-03

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: JULY 2003
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LOCATION: **WELL NO. 4**

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 Gallons	Free Cl <sub>2</sub> Residual	Free Cl <sub>2</sub> Residual	— Lime Sodium Hydroxide	Totalizer	
	K Gals	per 24hrs	mg/l				
1	405	85	11	0.98	6	1579104	
2	480	72+78	13	0.82	6	1579989	
3	0						
4	916	120	30	0.69	6	1580905	
5	0						
6	0						
7	1081	96	24	0.37	6	1581986	
8	401	81+69	15	0.42	6	1582387	
9	375	138	12	0.33	6	1582762	
10	557	123	15	0.54	6	1583319	
11	391	110+40	13	0.44	6	1583710	
12	0						
13	0						
14	1385	111	39	0.27	6	1585095	
15	462	99	12	0.23	6	1585557	
16	404	88	11	0.33	6	1585961	
17	500	78+72	10	0.55	6.1	1586461	
18	357	141	9	0.21	6.1	1586818	
19	0						
20	0						
21	901	117	24	0.02	6.2	1587719	
22	295	111	6	0.27	6	1588014	
23	408	102+48	9	0.01	6	1588422	
24	579	132	18	0.07	6	1589001	
25	333	123	9	0.03	6	1589334	
26	0						
27	0						
28	3741	100+50	23	1.33	6.2	1593075	
29	508	138	12	0.07	6.1	1593583	
30	248	135	3	0.03	6.2	1593831	
31	400	129	6	0.03	6	1594231	
TOT	15127		324				
AVG.	487.97		10.45	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? 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: *T. A. Hoover*

Date: 8-1-03

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: JULY 2003
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LOCATION: WELL NO. 6

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
	Treated Water	Liquid Sodium Hypochlorite	Free Cl <sub>2</sub>	Residual	Lime	Sodium Hydroxide	
	K. Gals	Gallons	Cl <sub>2</sub> use per 24hrs	mg/l			
1	58	123	3	0.98	6		393676
2	258	116	7	0.82	6		393992
3	0						
4	264	111	5	0.69	6		394256
5	0						
6	0						
7	55	111	0	0.37	6		394311
8	0	111+39	0	0.42	6		394311
9	98	150	0	0.33	6		394409
10	209	138	12	0.54	6		394618
11	118	135+15	3	0.44	6		394736
12	0						
13	0						
14	340	138	12	0.27	6		395076
15	45	137	1	0.23	6		395121
16	180	133	4	0.33	6		395301
17	34	133	0	0.5	6.1		395335
18	66	132	1	0.21	6.1		395401
19	0						
20	0						
21	240	126	6	0.02	6.2		395641
22	0	126	0	NR	NR		395641
23	109	123+27	3	0.01	6		395750
24	194	141	9	0.07	6		395944
25	222	132	9	0.03	6		396166
26	0						
27	0						
28	906	114+18	18	1.33	6.2		397072
29	348	129	3	0.07	6.1		397420
30	1	129	0	0.03	6.2		397421
31	0	129	0	0.03	6		397421
TOT	3,745		96				
AVG	120.81		3.10	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 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 or 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 high 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: [Signature]

Date: 8-1-03

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: JULY 2003
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LOCATION: **WELL NO. 7**

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
	Treated Water	Liquid Sodium Hypochlorite Gallons	Free Cl2 Residual	— Lime Residual	— Sodium Hydroxide	Daily Totalizer
	K Gals	81	mg/l			
1	1,210	63	18	0.98	6	1155179
2	1,211	45+105	18	0.82	6	1156389
3	0					
4	2,278	111	39	0.69	6	1159878
5	0					
6	0					
7	3,596	87	24	0.37	6	1163474
8	1,007	87+63	0	0.42	6	1164481
9	1,267	129	21	0.33	6	1165748
10	1,207	108	21	0.54	6	1166955
11	1,205	84+66	24	0.44	6	1168160
12	0					
13	0					
14	3,662	93	57	0.27	6	1171822
15	1,264	75	18	0.23	6	1173086
16	1,178	60	15	0.33	6	1174264
17	1,039	42+108	18	0.55	6.1	1175303
18	1,171	132	18	0.21	6.1	1176474
19	0					
20	0					
21	3,587	78	54	0.02	6.2	1180061
22	1,244	66	12	0.27	6	1181305
23	1,054	96+54	12	0.01	6	1182359
24	1,255	129	21	0.07	6	1183614
25	824	129	0	0.03	6	1184438
26	0					
27	0					
28	367	128	1	1.33	6.2	1184805
29	1,028	123	5	0.07	6.1	1185833
30	1,236	117	6	0.03	6.2	1187069
31	1,157	111	6	0.03	6	1188226
TOT	33,047		408			
AVG.	1066.03		13.16	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 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: 8-1-03

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: JULY 2003
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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
	Treated Water # Gals	Liquid Sodium Hypochlorite		Free Cl <sub>2</sub> Residual	Lime Sodium Hydroxide	Daily Totalizer	
		Gallons	Cl <sub>2</sub> use per 24hrs	mg/l			
1	0	38	0	NR	NR	764819	
2	0	38	0	NR	NR	764819	
3	0						
4	0	38	0	NR	NR	764819	
5	0						
6	0						
7	0	38	0	NR	NR	764819	
8	0	38	0	NR	NR	764819	
9	0	38	0	NR	NR	764819	
10	0	38	0	NR	NR	764819	
11	0	38	0	NR	NR	764819	
12	0						
13	0						
14	370	38	0	NR	NR	765189	
15	0	38	0	NR	NR	765189	
16	0	38	0	NR	NR	765189	
17	50	38	0	NR	NR	765239	
18	0	38	0	NR	NR	765239	
19	0						
20	0						
21	0	38	0	NR	NR	765239	
22	0	38	0	NR	NR	765239	
23	0	38	0	NR	NR	765239	
24	0	38	0	NR	NR	765239	
25	0	38	0	NR	NR	765239	
26	0						
27	0						
28	5	38	0	NR	NR	765244	
29	0	38	0	NR	NR	765244	
30	0	38	0	NR	NR	765244	
31	0	38	0	NR	NR	765244	
TOT	425		0				
AVG.	13.71		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? 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. C. Hoover

Date: 8-1-03

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: JULY 2003
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LOCATION: **WELL NO. 11**

Source: Ground Water

Did an emergency occur in any part of the water system? YES \_\_\_\_\_ NO X  
 Does the system have a chlorination waiver? YES \_\_\_\_\_ NO X

Day of month	CHLORINATION				pH		Daily Totalizer
	Treated Water	Liquid Sodium Hypochlorite Gallons	Free Cl2 Residual	Free Cl2 per 24hrs	— Lime Sodium Hydroxide	Totalizer	
	K Gals		mg/l				
1	124	96	3	0.35	7	499475	
2	117	95	1	NR	NR	499716	
3	0						
4	324	93	2	NR	NR	500040	
5	0						
6	0						
7	0	93	0	NR	NR	500040	
8	395	80+70	13	0.43	6.1	500435	
9	389	150	0	1.3	6	500824	
10	346	145	5	0.9	7.3	501170	
11	187	145	0	0.45	7.3	501357	
12	0						
13	0						
14	577	144	1	0.93	7.2	501934	
15	236	141	3	1.1	6.9	502170	
16	550	136	5	NR	NR	502720	
17	467	132	4	1	7.2	503187	
18	525	129	3	NR	NR	503712	
19	0						
20	0						
21	389	129	0	0.1	7.6	504101	
22	130	129	0	1	7.7	504231	
23	324	129	0	1.5	7.4	504555	
24	155	129	0	0.76	6.8	504710	
25	304	126	3	NR	NR	505014	
26	0						
27	0						
28	81	126	0	1.2	7.6	505022	
29	310	126	0	1.3	7.4	505332	
30	148	123	3	1.2	7.6	505480	
31	123	123	0	1.2	7.6	505603	
TOT	6,128		46				
AVG.	197.68		1.48	No. Days:	<b>31</b>		

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 hilturb) 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. L. Moore*

Date: 8-1-03

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: JULY 2003
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LOCATION: **WELL NO. 12**

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 Gallons	Free Cl2 Residual mg/l	Cl2 use per 24hrs	___ Lime ___ Sodium Hydroxide	___	
1	19	75	0	0.6	7		645876
2	25	75	0	NR	NR		645920
3	0						
4	59	75	0	NR	NR		645979
5	0						
6	0						
7	0	75	0	NR	NR		645979
8	1	75+75	0	0.25	6.3		645980
9	6	150	0	0.59	6.1		645986
10	0	150	0	NR	NR		645986
11	27	150	0	0.8	7.4		646013
12	0						
13	0						
14	2	144	6	0.73	7.7		646015
15	0	143	1	0.83	6.5		646015
16	3	143	0	NR	NR		646018
17	0	143	0	1	7.1		646018
18	2	143	0	NR	NR		646020
19	0						
20	0						
21	0	143	0	0.94	7.2		646020
22	1	141	2	0.88	7		646021
23	3	141	0	0.94	6.8		646024
24	0	141	0	0.74	6.6		646024
25	160	141	0	NR	NR		646184
26	0						
27	0						
28	0	141	0	0.98	7.2		646184
29	2	141	0	0.97	7		646186
30	0	141	0	0.94	7.3		646186
31	1	141	0	0.91	7.2		646187
TOT	311		9				
AVG.	10.03		0.29	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 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: *J. C. [Signature]*

Date: 5-1-03

Title: Water Systems Supervisor

Certification No. NY0031941

7/31/03  
Pump Data

MONTHLY GALLONAGE REPORT  
JULY 2003.xls

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	405	58	1,210	0	124	19	1,816
2	480	258	1,211	0	117	25	2,091
3	0	0	0	0	0	0	0
4	916	264	2,278	0	324	59	3,841
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	1,081	55	3,596	0	0	0	4,732
8	401	0	1,007	0	395	1	1,804
9	375	98	1,267	0	389	6	2,135
10	557	209	1,207	0	346	0	2,319
11	391	118	1,205	0	187	27	1,928
12	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0
14	1,385	340	3,662	370	577	2	6,336
15	462	45	1,264	0	236	0	2,007
16	404	180	1,178	0	550	3	2,315
17	500	34	1,039	50	467	0	2,090
18	357	66	1,171	0	525	2	2,121
19	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0
21	901	240	3,587	0	389	0	5,117
22	295	0	1,244	0	130	1	1,670
23	408	109	1,054	0	324	3	1,898
24	579	194	1,255	0	155	0	2,183
25	333	222	824	0	304	160	1,843
26	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0
28	3,741	906	367	5	8	0	5,027
29	508	348	1,028	0	310	2	2,196
30	248	1	1,236	0	148	0	1,633
31	400	0	1,157	0	123	1	1,681
Total	15,127	3,745	33,047	425	6,128	311	58,783
			Totalizer This Month		Totalizer Last Month		Total(x1,000) Gallons
	Well 4		1,594,231		1,579,104		15,127
	Well 6		397,421		393,676		3,745
	Well 7		1,188,226		1,155,179		33,047
	Well 10		765,244		764,819		425
	Well 11		505,603		499,475		6,128
	Well 12		646,187		645,876		311
AGS Water Supply Meter			469,936		469,759		177.00
Medical Reactor - Well 105							0.00
Biology Building - Well 9			6,787,370		6,785,670		1.70

**H2M LABS, INC.**

575 Broad Hollow Road, Melville NY 11747  
 (631) 694-3040, FAX: (631) 420-4436 NYSDOH ID# 10478

**LABORATORY RESULTS**

Brookhaven National Lab.-BNLM  
 70 Bell Ave.  
 Upton, NY 11973  
 Attn To : S. Scarplitta

Lab No. : 0307365-001A

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

Federal ID : 5111891

Client ID. : 16841-001

Collected : 7/10/03 12:12:00 PM

Point No : 094-273

Received : 7/10/03 4:15:00 PM

Location : B-49 Water Tower

Collected By : CLIENT

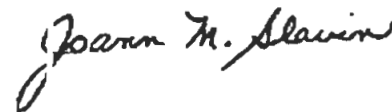
Copy : Original

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<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	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM
Total Residual Chlorine	1.2	mg/L		M4500-Cl G	7/10/03

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

Date Reported :



Laboratory Manager

**H2M LABS, INC.**

575 Broad Hollow Road, Melville NY 11747  
 (631) 694-3040, FAX: (631) 420-4336 NYSDOH ID# 10478

Brookhaven National Lab.-BNLM

70 Bell Ave.

Upton, NY 11973

Attn To : S. Scarpitta

Federal ID 5111891

Collected : 7/10/03 12:20 00 PM

Received : 7/10/03 4:15:00 PM

Collected By : CLIENT

Copy : Original

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**LABORATORY RESULTS**

Lab No. : 0307365-002A

Sample Information...

Type : Potable Water

Origin : Dist.

Routine

Client ID. : 16841-002

Point No : 076-408

Location : B-640 Water Tower

<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	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM
Total Residual Chlorine	0.8	mg/L		M4500-CI G	7/10/03

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

Date Reported :

*Joann M. Slavine*

Laboratory Manager

# H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747  
(631) 694-3040 . FAX: (631) 420-3436 NYSDOH ID# 10478

## LABORATORY RESULTS

Brookhaven National Lab.-BNLM  
70 Bell Ave.  
Upton, NY 11973  
Attn To : S. Scarpitta

Lab No. : 0307365-004A

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

Federal ID : 5111891  
Collected : 7/10/03 8:35:00 AM  
Received : 7/10/03 4:15:00 PM  
Collected By : CLIENT  
Copy : Original  
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Client ID. : 16841-004

Point No : 109-19  
Location : B-363 Apt.Laundry

<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	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-CL G	7/10/03

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

Date Reported :

Laboratory Manager

**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. Scarplita

Federal ID 5111891

Collected : 7/10/03 1:13:00 PM

Received : 7/10/03 4:15:00 PM

Collected By : CLIENT

Copy : Original

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**LABORATORY RESULTS**

Lab No. : 0307365-007A

Sample Information...

Type : Potable Water

Origin : Dist.

Routine

Client ID. : 16841-007

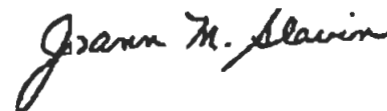
Point No : 084-67

Location : B-490 Block 11

<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	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM
Total Residual Chlorine	0.7	mg/L		M4500-CI G	7/10/03

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

Date Reported :



Laboratory Manager

**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 : 7/10/03 1:20:00 PM

Received : 7/10/03 4:15:00 PM

Collected By : CLIENT

Copy : Original

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**LABORATORY RESULTS**

Lab No. : 0307365-006A

Sample Information...

Type : Potable Water

Origin : Dist.

Routine

Client ID. : 16841-001

Point No : 084-70

Location : B-490 Outpatient Clinic

<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	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM
Total Residual Chlorine	1.1	mg/L		M4500-CI G	7/10/03

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

Date Reported :

*Joann M. Slavin*



# H2M LABS, INC.

575 Broad Hollow Road, Melville, NY 11747  
(631) 694-3040, FAX: (631) 420-8438 NYSDOH ID# 10478

## LABORATORY RESULTS

Brookhaven National Lab.-BNLM  
70 Bell Ave.  
Upton, NY 11973  
Attn To : S. Scarpitta

Lab No. : 0307365-005A

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

Federal ID : 5111891  
Collected : 7/10/03 8:45:00 AM  
Received : 7/10/03 4:15:00 PM

Point No : 054-187  
Location : B-930 LINAC

Client ID. : 16841-001

Collected By : CLIENT

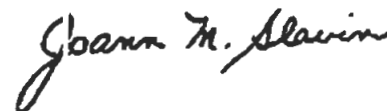
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<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM
Total Residual Chlorine	1.1	mg/L		M4500-Cl G	7/10/03

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

Date Reported :



Laboratory Manager

**H2M LABS, INC.**

575 Broad Hollow Road, Melville, NY 11747  
 (631) 694-3040 . FAX: (631) 420-3436 NYSDOH ID# 10478

Brookhaven National Lab.-BNLM

70 Bell Ave.

Upton, NY 11973

Attn To : S. Scarpiitta

Federal ID 5111891

Collected : 7/10/03 11:26:00 AM

Received : 7/10/03 4:15:00 PM

Collected By : CLIENT

Copy : Original

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**LABORATORY RESULTS**

Lab No. : 0307365-003A

Sample Information...

Type : Potable Water

Origin : Dist.

Routine

Client ID. : 16841-00:

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	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM
Total Residual Chlorine	1.1	mg/L		M4500-Cl G	7/10/03

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

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

Date Reported :

*Joann M. Slavins*

**ATTACHMENT II**

**Brookhaven National Laboratory  
Potable Water Supply**

**July 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**  
**July 2003**

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	7/1/03	7.4	56	186	NR	NR
WTP	7/8/03	7.6	57	189	NR	NR
WTP	7/10/03	7.4	57	213	NR	NR
WTP	7/15/03	7.5	58	250	NR	NR
WTP	7/17/03	7.4	58	255	NR	NR
WTP	7/22/03	7.9	57	148	NR	NR
WTP	7/24/03	7.9	56	148	NR	NR
WTP	7/29/03	7.8	56	140	NR	NR
WTP	7/31/03	7.8	56	141	NR	NR
Well 11	7/1/03	7.0	55	190	NR	NR
Well 11	7/8/03	6.1	55	140	NR	NR
Well 11	7/10/03	7.3	55	158	NR	NR
Well 11	7/15/03	6.9	55	257	NR	NR
Well 11	7/17/03	7.2	55	282	NR	NR
Well 11	7/22/03	7.7	55	265	NR	NR
Well 11	7/24/03	6.8	55	NR	NR	NR
Well 11	7/29/03	7.4	55	151	NR	NR
Well 11	7/31/03	7.6	55	161	NR	NR
Well 12	7/1/03	7.0	56	158	NR	NR
Well 12	7/8/03	6.3	55	188	NR	NR
Well 12	7/10/03	NR	NR	NR	NR	NR
Well 12	7/15/03	6.5	55	179	NR	NR
Well 12	7/17/03	7.1	55	227	NR	NR
Well 12	7/22/03	7.0	56	174	NR	NR
Well 12	7/24/03	6.6	56	NR	NR	NR
Well 12	7/29/03	7.0	56	145	NR	NR
Well 12	7/31/03	7.2	56	147	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**

**2003 Third Quarter Bacteriological Reports for  
the BNL Potable Water Wells**

# H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747  
(631) 694-3040, FAX: (631) 420-3436 NYSDOH ID# 10478

Brookhaven National Lab.-BNLM

70 Bell Ave.

Upton, NY 11973

Attn To : S. Scarpitta

Federal ID 5111891

Collected : 7/10/03 10:20:00 AM

Received : 7/10/03 4:15:00 PM

Collected By : CLIENT

Copy : Original

CC

## LABORATORY RESULTS

Lab No. : 0307359-001A

Client ID. : 16841-008

Sample information...

Type : Potable Water

Origin : Raw Well

Routine

Point No : 8

Location : Well #4 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	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM

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

Date Reported :

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. : 0307359-002A

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

Federal ID 5111891

Client ID. : 16841-009

Collected : 7/10/03 8:55:00 AM

Point No : 9

Received : 7/10/03 4:15:00 PM

Location : Well #6 Raw

Collected By : CLIENT

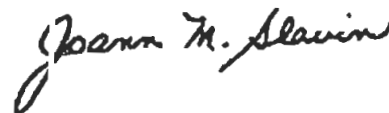
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<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	v9223	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	v9223	7/11/03 12:00:00 PM

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

Date Reported :



Laboratory Manager

# H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747  
(631) 694-5040. 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. : 0307359-003A

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

Federal ID 5111891

Client ID. : 16841-010

Collected : 7/10/03 9:05:00 AM

Point No : 10

Received : 7/10/03 4:15:00 PM

Location : Well #7 Raw

Collected By : CLIENT

Copy : Original

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<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	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM

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

Date Reported :

Laboratory Manager



**H2M LABS, INC.**

575 Broad Hollow Road, Melville, NY 11747  
 (631) 694-3040, FAX: (631) 420-8438 NYSDOH ID# 10478

**LABORATORY RESULTS**

Brookhaven National Lab.-BNLM

70 Bell Ave.

Upton, NY 11973

Attn To : S. Scarpitta

Lab No. : 0307406-021A

Sample Information...

Type : Potable Water

Origin : Raw Well

Routine

Federal ID 5111891

Client ID. : 16845-02'

Collected : 7/11/03 11:00:00 AM

Point No : 11

Received : 7/11/03 5:30:00 PM

Location : Well #10 Raw

Collected By : CLIENT

Copy : Original

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<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	7/12/03 12:15:00 PM
E_Coliform	Absent		Absent	M9223	7/12/03 12:15:00 PM

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

Date Reported :

*James 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 : 16841-011

Collected ; 7/10/03 11:15:00 AM

Point No : 12

Received ; 7/10/03 4:15:00 PM

Location : Well #11 Raw

Collected By : CLIENT

Copy : Original

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Sample Information...

Type : Potable Water

Origin : Raw Well

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	V9223	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	V9223	7/11/03 12:00:00 PM

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

Date Reported :

Laboratory Manager

# H2M LABS, INC.

575 Broad Hollow Road, Melville, NY 11747  
(631) 694-3040, FAX: (631) 420-8438 NYSDOH ID# 10478

## LABORATORY RESULTS

Brookhaven National Lab.-BNLM  
70 Bell Ave.  
Upton, NY 11973  
Attn To : S. Scarpitta

Lab No. : 0307359-005A

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

Federal ID 5111891

Client ID. : 18841-01:

Collected : 7/10/03 10:50:00 AM

Point No : 13

Received : 7/10/03 4:15:00 PM

Location : Well #12 Raw

Collected By : CLIENT

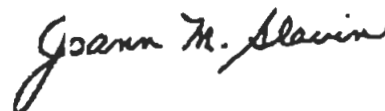
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<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM

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

Date Reported :



Laboratory Manager

**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

**LABORATORY RESULTS**

Lab No. : 0307406-023A

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

Federal ID : 5111891

Client ID. : 16845-02:

Collected : 7/11/03 11:15:00 AM

Point No : 055-36

Received : 7/11/03 5:30:00 PM

Location : Well #10 Gac Filter 654

Collected By : CLIENT

Copy : Original

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<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	7/12/03 12:15:00 PM
E_Coliform	Absent		Absent	M9223	7/12/03 12:15:00 PM

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

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

Date Reported :

*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

Brookhaven National Lab.-BNLM  
70 Bell Ave.  
Upton, NY 11973  
Attn To : S. Scarpitta

## LABORATORY RESULTS

Lab No. : 0307365-009A

### Sample Information...

Type : Potable Water  
Origin : Treated Well  
Routine

Federal ID 5111891

Client ID. : 16841-014

Collected : 7/10/03 11:15:00 AM

Point No : 056-31

Received : 7/10/03 4:15:00 PM

Location : Well #11 Gac Filter 655

Collected By : CLIENT

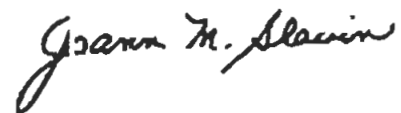
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<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM

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

Date Reported :



Laboratory Manager

# H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747  
(631) 694-3040, FAX: (631) 420-3436 NYSDOH ID# 10478

## LABORATORY RESULTS

Brookhaven National Lab.-BNLM  
70 Bell Ave.  
Upton, NY 11973  
Attn To : S. Scarpitta

Lab No. : 0307365-010A

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

Federal ID 5111891

Client ID. : 16841-016

Collected : 7/10/03 10:59:00 AM

Point No : 056-32

Received : 7/10/03 4:15:00 PM

Location : Well #12 Gac Filter 657

Collected By : CLIENT

Copy : Original

CC

<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	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM

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

Date Reported :

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. : 0307365-011A

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

Federal ID 5111891

Client ID. : 18841-011

Collected : 7/10/03 10:55:00 AM

Point No : 056-32

Received : 7/10/03 4:15:30 PM

Location : Well #12 Gac Filter 657 - Duplicate

Collected By : CLIENT

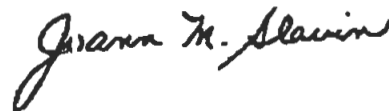
Copy : Original

CC

<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	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM

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

Date Reported :



Laboratory Manager

# H2M LABS, INC.

575 Broad Hollow Road, Melville, NY 11747  
(631) 894-3040, FAX: (631) 420-8438 NYSDOH ID#10478

## LABORATORY RESULTS

Brookhaven National Lab.-BNLM  
70 Bell Ave.  
Upton, NY 11973  
Attn To : S. Scarpitta

Lab No. : 0307365-008A

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

Federal ID : 5111891  
Collected : 7/10/03 11:25:00 AM  
Received : 7/10/03 4:15:00 PM  
Collected By : CLIENT  
Copy : Original  
CC

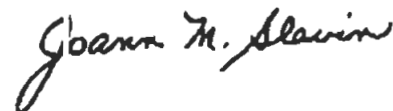
Client ID. : 16841-01:

Point No : 14  
Location : Wtf Packed Tower 648

<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	7/11/03 12:00:00 PM
E_Coliform	Absent		Absent	M9223	7/11/03 12:00:00 PM

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

Date Reported :



Laboratory Manager