



*M. Allacco*

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Upton, NY 11973-5000  
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[goode@bnl.gov](mailto:goode@bnl.gov)

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

July 8, 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 June 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 June.

Attachment II: June 2003 Biweekly Water Quality Monitoring Data 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. 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

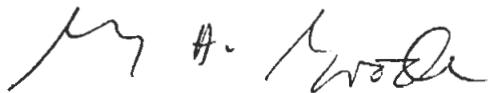


NSF Registration Program  
is accredited by the American  
National Standard Institute  
Registration Accreditation Board

July 8, 2003

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,



George A. Goode  
Environmental & Waste Management Services  
Division Manager

GAG/MA:car

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
	J. Tarpinian	w/o attachments

File: EC61ER.03

100-0000

**ATTACHMENT I**

**Brookhaven National Laboratory  
Potable Water Supply**

**Monthly Operational and Bacteriological Reports for June 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:

JUNE 2003

LOCATION: Water Treatment Facility

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

Source: Ground Water

Does the system have a chlorination waiver?  YES  NO X

Day of month	CHLORINATION			pH	Population Served 3,500	
	Treated Water	Liquid Sodium Hypochlorite Gallons	Free Cl2 use per 24hrs	Residual mg/l		
	K Gals	125			Daily Totalizer 12882480	
1	0					
2	3,393	93	32	1.3	7.7	12885873
3	979	85	8	0.79	7.5	12886852
4	1,095	80	5	0.92	7.7	12887947
5	1,112	70	10	0.9	7.7	12889059
6	1,115	65+135	5	0.94	7.7	12890174
7	0					
8	0					
9	3,323	178	22	0.72	7.4	12893497
10	1,097	168	10	0.9	7.4	12894594
11	1,112	160	8	0.84	7.4	12895706
12	1,087	150	10	0.82	7.4	12896793
13	1,045	142	8	0.88	7.3	12897838
14	0					
15	0					
16	3,127	112	32	1	7.4	12900965
17	881	110	2	1.1	7.4	12901846
18	1,016	100	10	0.81	7.4	12902862
19	1,042	90	10	0.96	7.3	12903904
20	1,019	85+115	5	0.9	7.3	12904923
21	0					
22	0					
23	1,825	180	20	1.22	7.4	12906748
24	1,045	171	9	0.97	7.6	12907793
25	1,053	162	9	1.1	7.5	12908846
26	1,055	152	10	0.97	7.8	12909901
27	1,070	142	10	1.1	7.6	12910971
28	0					
29	0					
30	3,172	110	32	0.87	7.5	12914143
31	0					
TOT	31,663		267			
AVG.	1055.43		8.90	No. Days: 30		

Reported by:

*Weld & Croll*

Title: Water Systems Supervisor

Date: 2 July 03

Certification No. NY0030392

## BROOKHAVEN NATIONAL LABORATORY

## WATER SYSTEMS OPERATION REPORT

## PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169

STATION 11515100

SUFFOLK COUNTY

REPORTING PERIOD: JUNE

2003

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
	Treated Water	Liquid Sodium Hypochlorite	Free Cl2 use per 24hrs	Lime	
	Gallons	Cl2 use per 24hrs	Residual	Sodium	
1	0				1567487
2	0	149	1	NR	1567487
3	207	138	11	0.22	1567694
4	269	122+18	6	0.62	1567963
5	270	141	9	0.3	1568233
6	527	123	18	0.52	1568760
7	0				
8	0				
9	1,601	75+45	48	0.09	1570361
10	225	117	3	0.4	1570586
11	551	99	18	0.07	1571137
12	410	87	12	0.4	1571547
13	518	75+75	12	0.3	1572065
14	0				
15	0				
16	1,443	105	45	1	1573508
17	439	96	9	0.31	1573947
18	376	87	9	0.6	1574323
19	505	75	12	1.1	1574828
20	387	66+60	9	0.96	1575215
21	0				
22	0				
23	697	105	21	0.37	1575912
24	457	93	12	0.21	1576369
25	452	84	9	0.017	1576821
26	460	69+81	15	0.21	1577281
27	464	132	18	0.04	1577745
28	0				
29	0				
30	1,359	96	36	0.81	1579104
TOT	11,617		333		
AVG.	387.23		11.10	No. Days: 30	

Reported by:

Will L. Colle

Title: Water Systems Supervisor

Date: 2 July 03Certification No. NY0030392

## BROOKHAVEN NATIONAL LABORATORY

## WATER SYSTEMS OPERATION REPORT

## PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169

STATION 11515100

SUFFOLK COUNTY

REPORTING PERIOD: JUNE

2003

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 Cl <sub>2</sub>	Lime	Totalizer	
	K Gals	Gallons	Cl <sub>2</sub> use per 24hrs.	Residual	Sodium	Daily Totalizer
1	0					
2	1,859	78	48	0.25	6	390233
3	464	69	9	0.22	5.9	390697
4	152	66+84	3	0.62	6.1	390849
5	0	144	6	0.3	6	390849
6	129	135	9	0.52	6	390978
7	0					
8	0					
9	288	129	6	0.09	6	391266
10	417	117	12	0.4	6.1	391683
11	178	111	6	0.07	6	391861
12	60	111	0	0.4	6.1	391921
13	166	108	3	0.3	6	392087
14	0					
15	0					
16	246	102	6	1	6.1	392333
17	76	102	0	0.31	6	392409
18	115	99	3	0.6	6.1	392524
19	191	95	4	1.1	6	392715
20	0	93	2	0.96	6	392715
21	0					
22	0					
23	192	90	3	0.37	6	392907
24	85	90	0	0.21	6.1	392992
25	121	87	3	0.017	6.1	393113
26	77	84+66	3	0.21	6.1	393190
27	94	141	9	0.04	6	393284
28	0					
29	0					
30	392	126	15	0.81	6	393676
Avg.	176.73		5.00	No. Days:	30	

Reported by:

*Well Chloride*

Title: Water Systems Supervisor

Certification No. NY0030392

Date: *2 July 03*

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&amp;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 high turbidity) 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.

## BROOKHAVEN NATIONAL LABORATORY

## WATER SYSTEMS OPERATION REPORT

## PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: JUNE	2003																																																																																																																																																																																			
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Reported by:

Wildt ColleDate: 2 July 03Title: Water Systems SupervisorCertification No. NY0030392

# BROOKHAVEN NATIONAL LABORATORY

## WATER SYSTEMS OPERATION REPORT

### PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: JUNE 2003																																																																																																																																																																																																														
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">CHLORINATION</th> <th>pH</th> </tr> <tr> <th rowspan="2">Day of month</th> <th>Treated Water</th> <th>Liquid Sodium Hypochlorite Gallons</th> <th>Free Cl<sub>2</sub> Residual per 24hrs</th> <th>Lime Sodium Hydroxide</th> <th>Totalizer Daily Totalizer</th> </tr> <tr> <th>K Gals</th> <th>38</th> <th>mg/l</th> <th>764819</th> </tr> </thead> <tbody> <tr><td>1</td><td>0</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>3</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>4</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>5</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>6</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</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></td><td></td><td></td><td></td></tr> <tr><td>9</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>10</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>11</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>12</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>13</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</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></td><td></td><td></td><td></td></tr> <tr><td>16</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>17</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>18</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>19</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>20</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</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></td><td></td><td></td><td></td></tr> <tr><td>23</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>24</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>25</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>26</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>27</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</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></td><td></td><td></td><td></td></tr> <tr><td>30</td><td>0</td><td>38</td><td>0</td><td>NR</td><td>764819</td></tr> <tr><td>TOT</td><td>0</td><td></td><td>0</td><td></td><td></td></tr> <tr><td>AVG.</td><td>0.00</td><td>0.00</td><td>No. Days:</td><td>30</td><td></td></tr> </tbody> </table>				CHLORINATION			pH	Day of month	Treated Water	Liquid Sodium Hypochlorite Gallons	Free Cl <sub>2</sub> Residual per 24hrs	Lime Sodium Hydroxide	Totalizer Daily Totalizer	K Gals	38	mg/l	764819	1	0					2	0	38	0	NR	764819	3	0	38	0	NR	764819	4	0	38	0	NR	764819	5	0	38	0	NR	764819	6	0	38	0	NR	764819	7	0					8	0					9	0	38	0	NR	764819	10	0	38	0	NR	764819	11	0	38	0	NR	764819	12	0	38	0	NR	764819	13	0	38	0	NR	764819	14	0					15	0					16	0	38	0	NR	764819	17	0	38	0	NR	764819	18	0	38	0	NR	764819	19	0	38	0	NR	764819	20	0	38	0	NR	764819	21	0					22	0					23	0	38	0	NR	764819	24	0	38	0	NR	764819	25	0	38	0	NR	764819	26	0	38	0	NR	764819	27	0	38	0	NR	764819	28	0					29	0					30	0	38	0	NR	764819	TOT	0		0			AVG.	0.00	0.00	No. Days:	30	
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Number of routine samples <u>4</u>																																																																																																																																																																																																																	
(Must collect a minimum of 5 routine samples the month following a repeat sample collection)																																																																																																																																																																																																																	
Number of actual routine samples <u>7</u>																																																																																																																																																																																																																	
Does a M&AR violation exist? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																																																																																																																																																																																	
If yes, check reason's below.																																																																																																																																																																																																																	
<input type="checkbox"/> Actual number of samples fewer than required.																																																																																																																																																																																																																	
<input type="checkbox"/> Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat or high turbidity sample.																																																																																																																																																																																																																	
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Does an MCL violation exist? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																																																																																																																																																																																	
If yes, check reason(s) below.																																																																																																																																																																																																																	
<input type="checkbox"/> Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or turbid) per month.																																																																																																																																																																																																																	
<input type="checkbox"/> Positive E. Coli result followed by a positive total coliform repeat sample.																																																																																																																																																																																																																	
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Reported by: <u>Willie Collier</u>		Date: <u>2 July 03</u>																																																																																																																																																																																																															
Title: Water Systems Supervisor		Certification No. NY0030392																																																																																																																																																																																																															

# BROOKHAVEN NATIONAL LABORATORY

## WATER SYSTEMS OPERATION REPORT

### PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169	STATION 11515100	SUFFOLK COUNTY	REPORTING PERIOD: JUNE	2003		
LOCATION: WELL NO. 11						
Did an emergency occur in any part of the water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ✓						
Source: Ground Water Does the system have a chlorination waiver? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ✓						
	CHLORINATION			pH		
	Treated Water	Liquid Sodium Hypochlorite Gallons	Cl2 use per 24hrs	Free Cl2 Residual mg/l	Lime Sodium Hydroxide	Totalizer Daily Totalizer
Day of month	K Gals	138			493807	
1	0					
2	0	138	0	0.71	6.6	493807
3	0	138	0	0.57	6.3	493807
4	0	138	0	0.27	6.4	493807
5	374	135	3	0.88	6.7	494181
6	324	135	0	0.87	6.7	494505
7	0					
8	0					
9	961	135	0	NR	NR	495466
10	365	135	0	0.8	6.4	495831
11	73	135	0	NR	NR	495904
12	2	135	0	0.81	6.4	495906
13	234	135	0	NR	NR	496140
14	0					
15	0					
16	211	132	3	NR	NR	496351
17	5	132	0	0.37	7.1	496356
18	6	132	0	0.88	7.1	496362
19	15	132	0	0.77	7.1	496377
20	379	128	4	0.8	7.1	496756
21	0					
22	0					
23	1,573	102	26	0.82	6.2	498329
24	88	102	0	0.79	6.1	498417
25	96	102	0	0.5	6.1	498513
26	107	102	0	0.85	6.4	498620
27	161	102	0	0.71	6.8	498781
28	0					
29	0					
30	694	99	3	0.02	6.5	499475
31	0					
TOT	5,668		39			
Avg.	188.93		1.30	No. Days: 30		

Reported by: will x Colenick Date: 2 July 03  
 Title: Water Systems Supervisor Certification No. NY0030392

# BROOKHAVEN NATIONAL LABORATORY

## WATER SYSTEMS OPERATION REPORT

### PUBLIC WATER SUPPLY PROTECTION

PROGRAM CODE 169

STATION 11515100

SUFFOLK COUNTY

REPORTING PERIOD: JUNE

2003

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 

CHLORINATION			pH	
Day of month	Treated Water	Liquid Sodium Hypochlorite	Free Cl2 Residual	Lime Sodium Daily Totalizer
	Gallons	Cl2 use per 24hrs	mg/l	Hydroxide
1	0			
2	492	105	0.44	6.7
3	666	102	0.42	6.4
4	1,031	102	0.31	6.4
5	26	102	0.83	7
6	210	102	0.73	6.5
7	0		.	
8	0			
9	392	96	0.75	7.2
10	261	93	0.7	7.2
11	288	90	0.7	7.4
12	469	90	0.71	7.1
13	412	84	6	NR
14	0			
15	0			
16	893	75	0.69	7.4
17	324	75	0.44	7.4
18	3	75	0.43	7.4
19	0	75	0.42	7.4
20	1	75	0.72	7.3
21	0			
22	0			
23	0	75	0.53	6.1
24	1	75	0.61	6.9
25	3	75	0.73	6.4
26	1	75	0.77	6.8
27	0	75	0.84	7.7
28	0			
29	0			
30	12	75	0.6	6.3
TOT	5,485	30		
AVG.	182.83	1.00	No. Days: 30	

Reported by:

*well x collar*

Title: Water Systems Supervisor

Date: 2-July 03

Certification No. NY0030392

6/30/03

Pump Data

## MONTHLY GALLONAGE REPORT

JUNE 2003.xls

Date	Well 4	Well 6	Well 7	Well 10	Well 11	Well 12	Daily Total
1	0	0	0	0	0	0	0
2	0	1,859	3,933	0	0	492	6,284
3	207	464	1,273	0	0	666	2,610
4	269	152	1,172	0	0	1,031	2,624
5	270	0	1,239	0	374	26	1,909
6	527	129	1,165	0	324	210	2,355
7	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0
9	1,601	288	3,632	0	961	392	6,874
10	225	417	1,215	0	365	261	2,483
11	551	178	1,223	0	73	288	2,313
12	410	60	1,111	0	2	469	2,052
13	518	166	1,204	0	234	412	2,534
14	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0
16	1,443	246	3,455	0	211	893	6,248
17	439	76	1,013	0	5	324	1,857
18	376	115	1,216	0	6	3	1,716
19	505	191	1,169	0	15	0	1,880
20	387	0	1,148	0	379	1	1,915
21	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0
23	697	192	2,232	0	1,573	0	4,694
24	457	85	1,106	0	88	1	1,737
25	452	121	1,259	0	96	3	1,931
26	460	77	1,194	0	107	1	1,839
27	464	94	1,220	0	161	0	1,939
28	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0
30	1,359	392	3,608	0	694	12	6,065
31	0	0	0	0	0	0	0
Total	11,617	5,302	35,787	0	5,668	5,485	63,859
		Totalizer This Month		Totalizer Last Month		Total(x1,000) Gallons	
	Well 4	1,579,104		1,567,487		11,617	
	Well 6	393,676		388,374		5,302	
	Well 7	1,155,179		1,119,392		35,787	
	Well 10	764,819		764,819		0	
	Well 11	499,475		493,807		5,668	
	Well 12	645,876		640,391		5,485	
AGS Water Supply Meter		469,759		467,453		2306.00	
Medical Reactor - Well 105						0.00	
Biology Building - Well 9		6,785,670		6,751,750		22,920	

# 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

Collected : 6/5/03 11:00:00 AM

Point No : 094-273

Received : 6/5/03 3:50:00 PM

Location : B-49 Water Tower

Collected By : CLIENT

Copy : Original

CC

Lab No. : 0306173-001A

Sample Information...

Type : Potable Water

Origin : Dist.

Routine

Client ID. : 16032-001

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03

*Joann M. Slavin*

# 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. : 0306173-002A

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

Federal ID 5111891 Client ID. : 16032-002

Collected : 6/5/03 10:45:00 AM Point No : 076-408

Received : 6/5/03 3:50:00 PM Location : B-640 Water Tower

Collected By : CLIENT

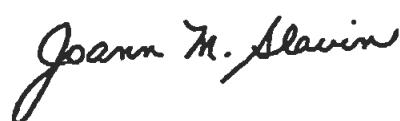
Copy : Original

CC

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-CI G	6/5/03

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

Date Reported : 6/11/03



# 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

Collected : 6/5/03 9:25:00 AM

Point No : 045-12

Received : 6/5/03 3:50:00 PM

Location : B-1005 RHIC

Collected By : CLIENT

Copy : Original

CC

Lab No. : 0306173-003A

Client ID. : 16032-003

### Sample Information...

Type : Potable Water

Origin : Dist.

Routine

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03

*Joann M. Slavin*

# 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

Collected : 6/5/03 9:10:00 AM Point No : 109-19

Received : 6/5/03 3:50:00 PM Location : B-363 Apt.Laundry

Collected By : CLIENT

Copy : Original

CC

Lab No. : 0306173-004A

Client ID. : 16032-004

### Sample Information...

Type : Potable Water

Origin : Dist.

Routine

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.4	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03

*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 : 6/5/03 10:35:00 AM

Point No : 075-602

Received : 6/5/03 3:50:00 PM

Location : B-725 NSLS

Collected By : CLIENT

Copy : Original

CC

## LABORATORY RESULTS

Lab No. : 0306173-005A

### Sample Information...

Type : Potable Water

Origin : Dist.

Routine

Client ID. : 16032-005

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.9	mg/L		M4500-CI G	6/5/03

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

Date Reported : 6/11/03

*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 : 6/5/03 10:25:00 AM Point No : 084-69

Received : 6/5/03 3:50:00 PM Location : B-490 Block 1 ACF

Collected By : CLIENT

Copy : Original

CC

## LABORATORY RESULTS

Lab No. : 0306173-006A

Sample Information...

Type : Potable Water

Origin : Dist.

Routine

Client ID. : 16032-006

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.4	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03

*Joann M. Slavin*

# 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

Collected : 6/5/03 10:16:00 AM

Point No : 084-68

Received : 6/5/03 3:50:00 PM

Location : B-490 Block 4 MRC

Collected By : CLIENT

Copy : Original

CC

Lab No. : 0306173-007A

Client ID. : 16032-007

### Sample Information...

Type : Potable Water

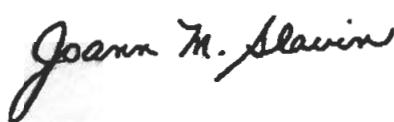
Origin : Dist.

Routine

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/5/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/5/03 4:30:00 PM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	6/5/03

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

Date Reported : 6/11/03



# 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 : 6/5/03 11:00:00 AM Point No : 1  
Received : 6/5/03 3:50:00 PM Location : Duplicate - Bldg. 49  
Collected By : CLIENT  
Copy : Original

CC

## LABORATORY RESULTS

Lab No. : 0306173-008A

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

Client ID. : 16032-008

Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	6/03 4:30:00 PM
E_Coliform	Absent		Absent	M9223	6/03 4:30:00 PM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	6/03

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

Date Reported : 6/11/03

*Joann M. Slavin*

**ATTACHMENT II**

**Brookhaven National Laboratory  
Potable Water Supply**

**June 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  
June 2003**

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity ( $\mu\text{mhos}$ )	Alkalinity (mg/L)	Calcium (mg/L)
WTP	6/3/03	7.5	54	205	NR	NR
WTP	6/5/03	7.7	55	141	NR	NR
WTP	6/10/03	7.4	55	246	NR	NR
WTP	6/12/03	7.4	55	188	NR	NR
WTP	6/17/03	7.4	55	225	NR	NR
WTP	6/19/03	7.3	57	238	NR	NR
WTP	6/24/03	7.6	56	149	NR	NR
WTP	6/26/03	7.8	57	223	NR	NR
Well 11	6/3/03	6.3	56	172	NR	NR
Well 11	6/5/03	6.7	56	137	NR	NR
Well 11	6/10/03	6.4	55	174	NR	NR
Well 11	6/12/03	6.4	55	138	NR	NR
Well 11	6/17/03	7.1	52	189	NR	NR
Well 11	6/19/03	7.1	52	185	NR	NR
Well 11	6/24/03	6.1	50	155	NR	NR
Well 11	6/26/03	6.4	55	151	NR	NR
Well 12	6/3/03	6.4	56	206	NR	NR
Well 12	6/5/03	7.0	56	142	NR	NR
Well 12	6/10/03	7.2	56	170	NR	NR
Well 12	6/12/03	7.1	55	171	NR	NR
Well 12	6/17/03	7.4	52	212	NR	NR
Well 12	6/19/03	7.4	52	245	NR	NR
Well 12	6/24/03	6.9	56	155	NR	NR
Well 12	6/26/03	6.8	56	166	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.

10