



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

October 6, 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 September 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 September.
- Attachment II: September 2003 Biweekly Water Quality Monitoring Data for the BNL Distribution System and Semi-Annual Water Quality Monitoring Data 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 and Waste Management 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.



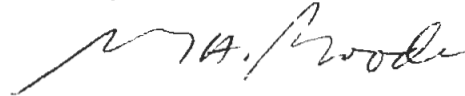
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Should there be any questions regarding this report or the analytical or operational data contained herein, please call either M. Allocco at (631) 344-3166, R. Lee at (631) 344-3148, or W. Chaloupka at (631) 344-7136.

Sincerely,



George A. Goode
Environmental & Waste Management Services
Division Manager

GAG/MA:car

Attachments: As noted

cc:	M. Allocco	w/attachments
	L. Ambroszkiewicz, SCDHS	w/attachments
	W. Chaloupka	w/attachments
	J. Granzen	w/attachments
	G. Goode	w/o 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 September 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: SEPT 2003
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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 K Gals	Liquid Sodium Hypochlorite		Free Cl2 Residual mg/l	Lime Sodium Hydroxide	Totalizer	
		Gallons	Cl2 use per 24hrs				
1	0	78	0	0.82	7.4	12979737	
2	892	68	10	1.1	7.3	12980629	
3	648	57	11	0.85	7.3	12981277	
4	862	45	12	1.2	7.4	12982139	
5	793	35	10	1.3	7.3	12982932	
6	0						
7	0						
8	2,361	125	45	0.72	7.3	12985293	
9	845	110	15	0.7	7.6	12986138	
10	700	93	17	0.9	7.5	12986838	
11	799	77	16	0.94	7.5	12987637	
12	772	60+40	17	0.8	7.7	12988409	
13	0						
14	0						
15	2,318	55	45	0.54	7.3	12990727	
16	931	30+170	15	1.2	7.3	12991658	
17	844	190	10	1.13	7.6	12992502	
18	809	180	10	1.19	7.5	12993311	
19	771	165	15	1.23	7.8	12994082	
20	0						
21	0						
22	2,505	130	35	1.2	7.2	12996587	
23	920	120	10	1.1	7.3	12997507	
24	844	110	10	1.1	7.3	12998351	
25	836	100	10	1.2	7.4	12999187	
26	845	90	10	1	7.4	13000032	
27	0						
28	0						
29	2,367	60	30	1	7.4	13002399	
30	743	50	10	1.1	7.4	13003142	
31	0						
TOT	23,405		363				
AVG.	780.17		12.10	No. Days:	30		

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]*

Date: 10-1-03

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

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	Liquid Sodium Hypochlorite		Free Cl ₂ Residual	Lime Sodium	Totalizer	
	K Gals	Gallons	Cl ₂ use per 24hrs	mg/l	Hydroxide		
1	0	96	0	0.42	6	1609483	
2	293	90	6	0.15	6.1	1609776	
3	341	84	6	0.08	6.2	1610117	
4	416	77+73	7	0.47	6.2	1610533	
5	416	141	9	0.27	6.1	1610949	
6	0						
7	0						
8	1,152	123	18	0.22	6.1	1612101	
9	352	117	6	0.18	6	1612453	
10	334	111+49	6	0.17	6.1	1612787	
11	148	150	0	0.22	6.1	1612935	
12	383	135	15	0.15	6	1613318	
13	0						
14	0						
15	1,090	113	22	0.2	6	1614408	
16	453	110+40	3	0.12	6	1614861	
17	472	138	12	0.1	6	1615333	
18	424	129	9	0.11	6	1615757	
19	476	122+28	7	0.12	6.1	1616233	
20	0						
21	0						
22	1,029	132	18	0.02	6	1617262	
23	430	123	9	0.1	6	1617692	
24	386	117	6	0.03	6.1	1618078	
25	384	114	3	0.3	6	1618462	
26	390	105+45	9	0.36	6	1618852	
27	0						
28	0						
29	1,071	129	21	0.14	6.2	1619923	
30	284	126	3	0.24	6.2	1620207	
31	0						
TOT	10,724		195				
AVG.	357.47		6.50	No. Days:	30		

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: *JC Kelly*

Date: 10-1-03

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: SEPT 2003

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 Daily Totalizer
	Treated Water	Liquid Sodium Hypochlorite		Free Cl2 Residual	Lime Sodium	Totalizer	
		Gallons	Cl2 use per 24hrs				
1	0	129	0	0.42	6	401335	
2	35	129	0	0.15	6.1	401370	
3	211	123	6	0.08	6.2	401581	
4	241	117+33	6	0.47	6.2	401822	
5	37	147	3	0.27	6.1	401859	
6	0						
7	0						
8	315	138	9	0.22	6.1	402174	
9	35	138	0	0.18	6	402209	
10	109	136	2	0.17	6.1	402318	
11	560	123	13	0.22	6.1	402878	
12	117	120	3	0.15	6	402995	
13	0						
14	0						
15	200	116	4	0.2	6	403195	
16	161	110	6	0.12	6	403356	
17	77	110	0	0.1	6	403433	
18	112	108	2	0.11	6	403545	
19	182	105+45	3	0.12	6.1	403727	
20	0						
21	0						
22	306	138	12	0.02	6	404033	
23	155	132	6	0.1	6	404188	
24	126	129	3	0.03	6.1	404314	
25	92	129	0	0.3	6	404406	
26	120	126+24	3	0.36	6	404526	
27	0						
28	0						
29	270	141	9	0.14	6.2	404796	
30	102	140	1	0.24	6.2	404898	
31	0						
TOT	3,563		91				
AVG.	118.77		3.03	No. Days:	30		

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: 10-1-03

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: SEPT 2003
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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		mg/l		
1	0	84	0	0.42	6	1223955	
2	906	69	15	0.15	6.1	1224861	
3	623	60	9	0.08	6.2	1225484	
4	888	42+108	18	0.47	6.2	1226372	
5	1,048	132	18	0.27	6.1	1227420	
6	0						
7	0						
8	2,586	87	45	0.22	6.1	1230006	
9	979	69	18	0.18	6	1230985	
10	827	54+96	15	0.17	6.1	1231812	
11	653	132	18	0.22	6.1	1232465	
12	890	117	15	0.15	6	1233355	
13	0						
14	0						
15	2,606	67	50	0.2	6	1235961	
16	1,082	48+102	19	0.12	6	1237043	
17	939	129	21	0.1	6	1237982	
18	816	115	14	0.11	6	1238798	
19	835	102+48	13	0.12	6.1	1239633	
20	0						
21	0						
22	2,840	102	48	0.02	6	1242473	
23	1,039	81	21	0.1	6	1243512	
24	942	63	18	0.03	6.1	1244454	
25	991	45	18	0.3	6	1245445	
26	937	21+129	24	0.36	6	1246382	
27	0						
28	0						
29	2,711	97	53	0.14	6.2	1249093	
30	845	84	13	0.24	6.2	1249938	
31	0						
TOT	25,983		483				
AVG.	866.10		16.10	No. Days:	30		

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.L. Row*

Date: 10-1-03

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: SEPT 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 Daily Totalizer
	Treated Water K Gals	Liquid Sodium Hypochlorite		Free Cl2 Residual mg/l	Lime Sodium Hydroxide		
		Gallons	Cl2 use per 24hrs				
1	0	38	0	NR	NR	765479	
2	0	38	0	NR	NR	765479	
3	0	38	0	NR	NR	765479	
4	0	38	0	NR	NR	765479	
5	2,977	38	0	NR	NR	768456	
6	0						
7	0						
8	164	38	0	NR	NR	768620	
9	0	38	0	NR	NR	768620	
10	0	38	0	NR	NR	768620	
11	0	38	0	NR	NR	768620	
12	0	38	0	NR	NR	768620	
13	0						
14	0						
15	0	38	0	NR	NR	768620	
16	0	38	0	NR	NR	768620	
17	0	38	0	NR	NR	768620	
18	0	38	0	NR	NR	768620	
19	0	38	0	NR	NR	768620	
20	0						
21	0						
22	0	38	0	NR	NR	768620	
23	0	38	0	NR	NR	768620	
24	0	38	0	NR	NR	768620	
25	0	38	0	NR	NR	768620	
26	0	38	0	NR	NR	768620	
27	0						
28	0						
29	0	38	0	NR	NR	768620	
30	0	38	0	NR	NR	768620	
31	0						
TOT	3,141		0				
AVG.	104.70		0.00	No. Days:	30		

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]*

Date: 10-1-03

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: SEPT 2003
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LOCATION: WELL NO. 11

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 ₂ Residual	Lime Sodium Hydroxide		
		Gallons	Cl ₂ use per 24hrs		mg/l		
1	0	108	0	NR	NR	507717	
2	0	108	0	NR	NR	507717	
3	59	108	0	NR	NR	507776	
4	0	108+42	0	NR	NR	507776	
5	3	147	3	NR	NR	507779	
6	0						
7	0						
8	0	147	0	NR	NR	507779	
9	0	147	0	NR	NR	507779	
10	0	147	0	NR	NR	507779	
11	0	147	0	NR	NR	507779	
12	0	147	0	NR	NR	507779	
13	0						
14	0						
15	0	92	0	NR	NR	507779	
16	0	92	0	NR	NR	507779	
17	0	92	0	NR	NR	507779	
18	0	92	0	NR	NR	507779	
19	0	92	0	NR	NR	507779	
20	0						
21	0						
22	0	92	0	NR	NR	507779	
23	0	92	0	NR	NR	507779	
24	0	92	2	NR	NR	507779	
25	0	92	0	NR	NR	507779	
26	0	92	0	NR	NR	507779	
27	0						
28	0						
29	0	92	0	NR	NR	507779	
30	0	92	0	NR	NR	507779	
31	0						
TOT	62		5				
AVG.	2.07		0.17	No. Days:	30		

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: *JL Ross*

Date: 10-1-03

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: SEPT 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	Liquid Sodium Hypochlorite	Free Cl2	Residual	Lime	Sodium Hydroxide	
	K Gals	Gallons	per 24hrs	mg/l			
1	0	114	0	NR	NR		647210
2	0	114	0	NR	NR		647210
3	59	111	3	NR	NR		647269
4	11	110+40	1	NR	NR		647280
5	8	150	0	NR	NR		647288
6	0						
7	0						
8	0	147	0	NR	NR		647288
9	0	147	0	NR	NR		647288
10	0	147	0	NR	NR		647288
11	0	147	0	NR	NR		647288
12	0	147	0	NR	NR		647288
13	0						
14	0						
15	0	147	0	NR	NR		647288
16	0	80*	0	NR	NR		647288
17	9	78	2	NR	NR		647297
18	0	78	2	NR	NR		647297
19	0	78	0	NR	NR		647297
20	0						
21	0						
22	0	78	0	NR	NR		647297
23	0	78	0	NR	NR		647297
24	0	78	0	NR	NR		647297
25	0	78	0	NR	NR		647297
26	0	78	0	NR	NR		647297
27	0						
28	0						
29	0	78	0	NR	NR		647297
30	0	78	0	NR	NR		647297
31	0						
TOT	87		8				
AVG.	2.90		0.27	No. Days:	30		

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. J. [Signature]*

Date: 10-1-03

Title: Water Systems Supervisor

Certification No. NY0031941

9/30/2003
Pump Data

MONTHLY GALLONAGE REPORT
SEPT 2003.xls

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	0	0	0	0	0	0
2	293	35	906	0	0	0	1,234
3	341	211	623	0	59	59	1,293
4	416	241	888	0	0	11	1,556
5	416	37	1,048	2,977	3	8	4,489
6	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0
8	1,152	315	2,586	164	0	0	4,217
9	352	35	979	0	0	0	1,366
10	334	109	827	0	0	0	1,270
11	148	560	653	0	0	0	1,361
12	383	117	890	0	0	0	1,390
13	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0
15	1,090	200	2,606	0	0	0	3,896
16	453	161	1,082	0	0	0	1,696
17	472	77	939	0	0	9	1,497
18	424	112	816	0	0	0	1,352
19	476	182	835	0	0	0	1,493
20	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0
22	1,029	306	2,840	0	0	0	4,175
23	430	155	1,039	0	0	0	1,624
24	386	126	942	0	0	0	1,454
25	384	92	991	0	0	0	1,467
26	390	120	937	0	0	0	1,447
27	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0
29	1,071	270	2,711	0	0	0	4,052
30	284	102	845	0	0	0	1,231
31	0	0	0	0	0	0	0
Total	10,724	3,563	25,983	3,141	62	87	43,560
		Totalizer		Totalizer		Total(x1,000)	
		This Month		Last Month		Gallons	
	Well 4	1,620,207		1,609,483		10,724	
	Well 6	404,898		401,335		3,563	
	Well 7	1,249,938		1,223,955		25,983	
	Well 10	768,620		765,479		3,141	
	Well 11	507,779		507,717		62	
	Well 12	647,297		647,210		87	
AGS Water Supply Meter		470,828		470,828		0.00	
Medical Reactor - Well 105		0		0		0.00	
Biology Building - Well 9		6,789,330		6,788,400		0.93	

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. : 0309132-001

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

Federal ID 5111891

Client ID. : 16844-001

Collected 9/4/2003 12:35:00 PM

Point No 094-273

Received 9/4/2003 3:15:00 PM

Location: B-49 Water Tower

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	9/5/2003 10:45:00 AM
E_Coliform	Absent		Absent	M9223	9/5/2003 10:45:00 AM
Total Residual Chlorine	1.4	mg/L		M4500-CI G	9/4/2003

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

Date Reported : 9/8/2003

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

Lab No. : 0309132-002

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

Federal ID 5111891

Client ID. : 16844-002

Collected 9/4/2003 10:45:00 AM

Point No 076-408

Received 9/4/2003 3:15:00 PM

Location: B-640 Water Tower

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	9/5/2003 10:45:00 AM
E_Coliform	Absent		Absent	M9223	9/5/2003 10:45:00 AM
Total Residual Chlorine	0.9	mg/L		M4500-Cl G	9/4/2003

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

Date Reported : 9/8/2003

Joann M. Slavin

Laboratory Manager

BNLM139 A30

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 : S. Scarpitta

Lab No. : 0309132-003

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

Federal ID 5111891

Client ID. : 16844-003

Collected 9/4/2003 9:20:00 AM

Point No 045-12

Received 9/4/2003 3:15:00 PM

Location: B-1005 RHIC

Collected By CLIENT

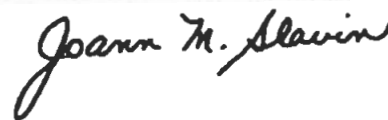
Copy : Original

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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	9/5/2003 10:45:00 AM
E_Coliform	Absent		Absent	M9223	9/5/2003 10:45:00 AM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	9/4/2003

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

Date Reported : 9/8/2003



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. : 0309132-004

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

Federal ID 5111891

Client ID. : 16844-004

Collected 9/4/2003 9:00:00 AM

Point No 109-19

Received 9/4/2003 3:15:00 PM

Location: B-363 Apt.Laundry

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	9/5/2003 10:45:00 AM
E_Coliform	Absent		Absent	M9223	9/5/2003 10:45:00 AM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	9/4/2003

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

Date Reported : 9/8/2003

Joann M. Slavin

Laboratory Manager

BNLM139 A32

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. : 0309132-005

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

Federal ID 5111891

Client ID. : 16844-005

Collected 9/4/2003 9:30:00 AM

Point No 054-187

Received 9/4/2003 3:15:00 PM

Location: B-930 LINAC

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	9/5/2003 10:45:00 AM
E_Coliform	Absent		Absent	M9223	9/5/2003 10:45:00 AM
Total Residual Chlorine	1.3	mg/L		M4500-Cl G	9/4/2003

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

Date Reported : 9/8/2003

Joann M. Slavin

Laboratory Manager

BNLM139 A33

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. : 0309132-006

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

Federal ID 5111891

Client ID. : 16844-006

Collected 9/4/2003 11:00:00 AM

Point No 084-70

Received 9/4/2003 3:15:00 PM

Location: B-490 Outpatient Clinic

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	9/5/2003 10:45:00 AM
E_Coliform	Absent		Absent	M9223	9/5/2003 10:45:00 AM
Total Residual Chlorine	1.3	mg/L		M4500-CI G	9/4/2003

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

Date Reported : 9/8/2003

Joann M. Slavin

Laboratory Manager

BNLM139 A34

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. : 0309132-007

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

Federal ID 5111891

Client ID. : 16844-007

Collected 9/4/2003 11:00:00 AM Point No 084-67
Received 9/4/2003 3:15:00 PM Location: B-490 Block 11

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	9/5/2003 10:45:00 AM
E_Coliform	Absent		Absent	M9223	9/5/2003 10:45:00 AM
Total Residual Chlorine	1.2	mg/L		M4500-CI G	9/4/2003

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

Date Reported : 9/8/2003

Joann M. Slavin

Laboratory Manager

BNLM139 A35

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. : 0309132-008

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

Federal ID 5111891

Client ID. : 16844-008

Collected 9/4/2003 11:10:00 AM Point No 1

Received 9/4/2003 3:15:00 PM Location: Duplicate - B-490 Block 11

Collected By CLIENT

Copy : Original

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Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	9/5/2003 10:45:00 AM
E_Coliform	Absent		Absent	M9223	9/5/2003 10:45:00 AM
Total Residual Chlorine	1.2	mg/L		M4500-CI G	9/4/2003

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

Date Reported : 9/8/2003

Joann M. Slavin

Laboratory Manager

BNLM139 A36

ATTACHMENT II

**Brookhaven National Laboratory
Potable Water Supply**

September 2003 Biweekly Water Quality Monitoring Data for the BNL Distribution

System and Semi-Annual Water Quality Monitoring

Data for the BNL Potable Water Wells

Attachment II
Table 1 - Summary of Water Quality Analyses
for the BNL Potable Water System
September 2003

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	9/2/03	7.3	57	219	NR	NR
WTP	9/4/03	7.4	58	250	NR	NR
WTP	9/9/03	7.6	57	156	NR	NR
WTP	9/11/03	7.5	56	254	NR	NR
WTP	9/16/03	7.3	57	206	NR	NR
WTP	9/18/03	7.5	57	146	NR	NR
WTP	9/23/03	7.3	58	238	NR	NR
WTP	9/25/03	7.4	58	208	NR	NR
WTP	9/30/03	7.4	56	195	NR	NR
Well 4	9/4/03	6.3	57	156	11.5	4.83
Well 6	9/4/03	6.1	59	160	10.4	4.56
Well 7	9/4/03	6.1	59	142	12.3	4.87
Well 11	9/4/03	6.1	64	128	17.6	5.64
Well 12	9/4/03	6.2	64	138	22.4	6.73

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

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 : S. Scarpitta

Lab No. : 0309139-001

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

Federal ID 5111891

Client ID. : 16844-009

Collected 9/4/2003 2:00:00 PM Point No 8
Received 9/4/2003 3:15:00 PM Location: Well #4 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>
Specific Conductance	156	µmhos/cm		E120.1	9/4/2003
PH (FIELD)	6.3	pH units		E150.1	9/4/2003
Temperature	14	°C		E170.1	9/4/2003
Calcium	4830	µg/L		E200.7	9/9/2003 11:46:00 AM
Alkalinity, Total (As CaCO3)	11.5	mg/L		M2320 B	9/10/2003 11:01:00 AM

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

Date Reported : 9/23/2003

Joann M. Slavin

Laboratory Manager

BNLM139 A20

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. : 0309139-002

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

Federal ID 5111891

Client ID. : 16844-010

Collected 9/4/2003 1:55:00 PM Point No 9
Received 9/4/2003 3:15:00 PM Location: Well #6 Raw

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>
Specific Conductance	160	µmhos/cm		E120.1	9/4/2003
PH (FIELD)	6.1	pH units		E150.1	9/4/2003 12:01:00 AM
Temperature	15	°C		E170.1	9/4/2003
Calcium	4560	µg/L		E200.7	9/9/2003 12:19:00 PM
Alkalinity, Total (As CaCO3)	10.4	mg/L		M2320 B	9/10/2003 11:05:00 AM

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

Date Reported : 9/23/2003

Joann M. Slavin

Laboratory Manager

BNLM139 A22

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. : 0309139-003

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

Federal ID 5111891

Client ID : 16844-011

Collected 9/4/2003 1:45:00 PM Point No 10
Received 9/4/2003 3:15:00 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>
Specific Conductance	142	µmhos/cm		E120.1	9/4/2003
PH (FIELD)	6.1	pH units		E150.1	9/4/2003 12:02:00 AM
Temperature	15	°C		E170.1	9/4/2003
Calcium	4870	µg/L		E200.7	9/9/2003 12:27:00 PM
Alkalinity, Total (As CaCO3)	12.3	mg/L		M2320 B	9/10/2003 11:09:00 AM

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

Date Reported : 9/23/2003

Joann M. Slavin

Laboratory Manager

BNLM139 A24

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. : 0309139-005

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

Federal ID 5111891

Client ID. : 16844-013

Collected 9/4/2003 1:40:00 PM

Point No 12

Received 9/4/2003 3:15:00 PM

Location: Well #11 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>
Specific Conductance	128	µmhos/cm		E120.1	9/4/2003
PH (FIELD)	6.1	pH units		E150.1	9/4/2003 12:03:00 AM
Temperature	18	°C		E170.1	9/4/2003
Calcium	5640	µg/L		E200.7	9/9/2003 12:35:00 PM
Alkalinity, Total (As CaCO3)	17.6	mg/L		M2320 B	9/10/2003 11:13:00 AM

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

Date Reported : 9/23/2003

Joann M. Slavin

Laboratory Manager

BNLM139 A26

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. : 0309139-006

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

Federal ID 5111891

Client ID. : 16844-014

Collected 9/4/2003 1:25:00 PM

Point No 13

Received 9/4/2003 3:15:00 PM

Location: Well #12 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>
Specific Conductance	138	µmhos/cm		E120.1	9/4/2003
PH (FIELD)	6.2	pH units		E150.1	9/4/2003 12:04:00 AM
Temperature	18	°C		E170.1	9/4/2003
Calcium	6730	µg/L		E200.7	9/9/2003 12:43:00 PM
Alkalinity, Total (As CaCO3)	22.4	mg/L		M2320 B	9/10/2003 11:19:00 AM

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

Date Reported : 9/23/2003

Joann M. Slavin

Laboratory Manager

BNLM139 A28