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for the U.S. Department of Energy

August 10, 2004

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 2004

In accordance with the requirements of the BNL Potable Water System Sampling Plan and the 2004 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 Data and Bacteriological Analyses for July.
- Attachment II: July 2004 Biweekly and Second Quarter Water Quality Monitoring Data for the BNL Distribution System and Potable Water Wells.
- Attachment III: July 2004 Stage I Disinfectants & Disinfection Byproduct Rule Monitoring Data for the BNL Distribution System.
- Attachment IV: 2004 First and Second Quarter Radiological Analyses for the BNL Potable Water Wells.
- Attachment V: 2004 Second and Third Quarter Bacteriological Analyses for the BNL Potable Water Wells and GAC/Air Stripper Treatment Systems.
- Attachment VI: 2004 Second Quarter Principal Organic Compound Analyses for the BNL Potable Water Distribution System and Potable Water Wells.
- Attachment VII: 2004 Annual Asbestos Analysis for the BNL Potable Water Distribution System.
- Attachment VIII: 2004 Annual Synthetic Organic Chemical and Pesticides Analyses for the BNL Potable Water Wells.



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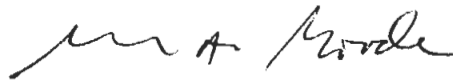
Attachment IX: 2004 Semi-Annual Inorganic and Nitrate/Nitrite Analyses for the BNL Potable Wells.

A positive bacteriological sample result was received for the Bldg. 648 sampling conducted on July 9, 2004. Resampling of this location, an upstream location (WTP Influent), a down stream location (WTP Effluent), and a distribution sample (Bldg. 363) was conducted on July 12, 2004. There were no positive bacteriological results for any of these samples. All other 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.

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.04

ATTACHMENT I

Brookhaven National Laboratory

Potable Water Supply

Monthly Operational Data and Bacteriological Analyses for July 2004

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: JULY 2004
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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	881	40+160	13	0.9	7.5	13163967	13164848
2	1,098	180	20	1.1	7.6	13165946	
3	0						
4	0						
5	2,214	156	24	0.71	7.2	13168160	
6	0						
7	1,567	135	21	0.81	7.1	13169727	
8	1,045	120	15	0.7	7.6	13170772	
9	1,000	110	10	0.75	7.4	13171772	
10	0						
11	0						
12	2,093	85	25	1	7.7	13173865	
13	696	78	7	0.75	7.5	13174561	
14	694	68	10	0.7	7.5	13175255	
15	860	63+87	5	0.92	7.3	13176115	
16	841	190	10	0.92	7.3	13176956	
17	0						
18	0						
19	2,770	170	20	1.2	7	13179726	
20	838	162	8	6.2	7.3	13180564	
21	915	160	2	0.59	7.3	13181479	
22	1,020	150	10	0.52	7.3	13182499	
23	308	145	5	0.56	7	13182807	
24	0						
25	0						
26	2,198	128	17	0.88	7.4	13185005	
27	780	120	8	0.81	7.5	13185785	
28	715	113	7	0.73	7.5	13186500	
29	834	105	8	0.89	7.5	13187334	
30	1,101	95	10	0.55	7.7	13188435	
31	0						
TOT	24,468		255				
AVG.	789.29		8.23	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: *SA Ross*

Date: 8-4-04

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	2004
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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 1648622
	Treated Water	Liquid Sodium Hypochlorite	Free Cl ₂	Residual	Lime	Sodium Hydroxide	
	K Gals	Gallons	Cl ₂ use per 24hrs	mg/l			
1	0	0	0	NR	NR		1648622
2	0	0	0	NR	NR		1648622
3	0						
4	0						
5	0	0	0	NR	NR		1648622
6	0						
7	0	0	0	NR	NR		1648622
8	0	0	0	NR	NR		1648622
9	0	0	0	NR	NR		1648622
10	0						
11	0						
12	0	0	0	NR	NR		1648622
13	0	0	0	NR	NR		1648622
14	0	0	0	NR	NR		1648622
15	0	0	0	NR	NR		1648622
16	0	0	0	NR	NR		1648622
17	0						
18	0						
19	0	0	0	NR	NR		1648622
20	0	0	0	NR	NR		1648622
21	0	0	0	NR	NR		1648622
22	0	0	0	NR	NR		1648622
23	0	0	0	NR	NR		1648622
24	0						
25	0						
26	0	0	0	NR	NR		1648622
27	0	0	0	NR	NR		1648622
28	0	0	0	NR	NR		1648622
29	0	0	0	NR	NR		1648622
30	0	0	0	nr	nr		1648622
31	0						
TOT	0	0					
AVG.	0.00		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 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. Potts*

Date: 8-9-04

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 2004
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LOCATION: WELL NO. 6

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

Source: Ground Water

Does the system have a chlorination waiver? YES NO

Day of month	CHLORINATION				pH		Totalizer Daily Totalizer
	Treated Water	Liquid Sodium Hypochlorite	Free Cl2	Residual	Lime	Totalizer	
	K Gals	Gallons	per 24hrs		Sodium Hydroxide		
1	258	45+105	15	0.17	6.1	454010	
2	221	142	8	0.08	6.1	454231	
3	0						
4	0						
5	858	81	61	0.14	6.1	455089	
6	0						
7	631	39	42	0.04	6	455720	
8	202	30	9	0.02	6.1	455922	
9	168	25+125	5	0.018	6.1	456090	
10	0						
11	0						
12	758	87	63	1	6	456848	
13	215	87	0	0.3	6	457063	
14	392	66	21	0.12	6	457455	
15	358	66+84	0	0.37	6	457813	
16	328	130	20	0.27	6	458141	
17	0						
18	0						
19	1,069	80	50	1	6	459210	
20	368	63	17	1	6	459578	
21	371	63	0	0.66	6	459949	
22	423	42	21	0.52	6.1	460372	
23	119	42+108	0	0.27	6.1	460491	
24	0						
25	0						
26	1,067	114	36	0.18	6.1	461558	
27	358	102	12	0.21	6.1	461914	
28	270	96+54	6	0.2	6.1	462184	
29	350	144	6	0.23	6	462534	
30	548	117	27	0.024	6	463082	
31	0						
TOT	9,330		419				
AVG.	300.97		13.52	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: *JCC Ross*

Date: 8-4-04

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

2004

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 Cl2 Residual	Lime	Sodium Hydroxide	
		K Gals	Gallons		Cl2 use per 24hrs		
1	1,001	38+112	54	16	0.17	6.1	1436530
2	1,335	138	54	12	0.08	6.1	1437865
3	0						
4	0						
5	2,478	81	54	57	0.14	6.1	1440343
6	0						
7	1,849	53	54	28	0.04	6	1442192
8	1,287	33	54	20	0.02	6.1	1443479
9	1,209	20+130	54	13	0.018	6.1	1444688
10	0						
11	0						
12	2,469	102	54	48	1	6	1447157
13	731	66	54	36	0.3	6	1447888
14	826	45+105	54	21	0.12	6	1448714
15	1,028	123	54	27	0.37	6	1449742
16	1,023	96	54	27	0.27	6	1450765
17	0						
18	0						
19	3,504	15+135	54	81	1	6	1454269
20	908	126	54	24	1	6	1455177
21	1,104	102	54	14	0.66	6	1456281
22	1,275	78	54	24	0.52	6.1	1457556
23	405	69+81	54	9	0.27	6.1	1457961
24	0						
25	0						
26	2,546	93	54	57	0.18	6.1	1460507
27	949	72	54	21	0.21	6.1	1461456
28	889	54+96	54	18	0.2	6.1	1462345
29	943	126	54	24	0.23	6	1463288
30	1,368	96	54	30	0.024	6	1464656
31	0						
TOT	29,127		54	607			
AVG.	939.58		54	19.58	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: *J. A. [Signature]*

Date: 8-4-04

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 2004
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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	Liquid Sodium Hypochlorite	Free Cl2	Residual	Lime	Sodium Hydroxide	
	K Gals	Gallons	per 24hrs		mg/l		
1	0	38	0	NR	NR	769496	
2	0	38	0	NR	NR	769496	
3	0						
4	0						
5	0	38	0	NR	NR	769496	
6	0						
7	0	38	0	NR	NR	769496	
8	0	38	0	NR	NR	769496	
9	0	38	0	NR	NR	769496	
10	0						
11	0						
12	297	38	0	NR	NR	769793	
13	0	38	0	NR	NR	769793	
14	0	38	0	NR	NR	769793	
15	0	38	0	NR	NR	769793	
16	0	38	0	NR	NR	769793	
17	0						
18	0						
19	0	38	0	NR	NR	769793	
20	0	38	0	NR	NR	769793	
21	0	38	0	NR	NR	769793	
22	0	38	0	NR	NR	769793	
23	0	38	0	NR	NR	769793	
24	0						
25	0						
26	0	38	0	NR	NR	769793	
27	0	38	0	NR	NR	769793	
28	0	38	0	NR	NR	769793	
29	0	38	0	NR	NR	769793	
30	0	38	0	NR	NR	769793	
31	0						
TOT	297		0				
AVG.	9.58		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 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: 8-4-04

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 2004
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LOCATION: WELL NO. 11

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

Source: Ground Water

Does the system have a chlorination waiver? YES NO

Day of month	CHLORINATION				pH		Totalizer Daily Totalizer
	Treated Water	Liquid Sodium Hypochlorite	Free Cl2	Residual	Lime	Sodium Hydroxide	
	K Gals	Gallons	per 24hrs	mg/l			
1	2	63	0	0.8	7.4	601403	
2	0	63	0	NR	NR	601405	
3	0						
4	0						
5	0	63	0	NR	NR	601405	
6	0						
7	0	63	0	NR	NR	601405	
8	3	63	0	NR	NR	601408	
9	2	63	0	NR	NR	601410	
10	0						
11	0						
12	37	63	0	NR	NR	601447	
13	0	63	0	NR	NR	601447	
14	2	63	0	NR	NR	601449	
15	0	63	0	NR	NR	601449	
16	2	63	0	NR	NR	601451	
17	0						
18	0						
19	0	63	0	NR	NR	601451	
20	0	63	0	0.65	7	601451	
21	2	63	0	NR	NR	601453	
22	0	63	0	0.65	7.1	601453	
23	1,349	26	37	NR	NR	602802	
24	0						
25	0						
26	1	25	1	NR	NR	602803	
27	0	25	0	0.67	6.8	602803	
28	52	25+38	0	NR	NR	602855	
29	0	63	0	0.9	6.5	602855	
30	3	63	0	NR	NR	602858	
31	0						
TOT	1,455		38				
AVG.	46.94		1.23	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 J. L. Ross

Date 8-4-04

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	2004
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LOCATION: **WELL NO. 12**

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

Source: Ground Water

Does the system have a chlorination waiver? YES NO

Day of month	CHLORINATION				pH		Daily Totalizer
	Treated Water	Liquid Sodium Hypochlorite		Free Cl ₂ Residual	Lime	Totalizer	
		Gallons	Cl ₂ use per 24hrs		Sodium Hydroxide		
1	1	132	0	0.5	7.8	684570	
2	149	131	1	NR	NR	684719	
3	0						
4	0						
5	0	131	0	NR	NR	684719	
6	0						
7	0	131	0	NR	NR	684719	
8	4	131	0	NR	NR	684723	
9	3	131	0	NR	NR	684726	
10	0						
11	0						
12	55	129	2	NR	NR	684781	
13	0	129	0	NR	NR	684781	
14	4	129	0	NR	NR	684785	
15	0	129	0	NR	NR	684785	
16	1	129	0	NR	NR	684786	
17	0						
18	0						
19	362	125	4	NR	NR	685148	
20	0	125	0	0.72	7	685148	
21	6	125	0	NR	NR	685154	
22	0	123	2	0.72	7.2	685154	
23	2	123	0	NR	NR	685156	
24	0						
25	0						
26	0	123	0	NR	NR	685156	
27	0	123	0	0.8	6.4	685156	
28	42	123	0	NR	NR	685198	
29	0	123	0	0.72	6.8	685198	
30	1	123	0	NR	NR	685199	
31	0						
TOT	630		9				
AVG.	20.32		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

If yes, check reason's below.

Actual number of samples lower than required.

Failure to analyze for E. Coli if there was a positive result for total coliform from routine, repeat of high turbidity sample.

Failure to analyze repeat samples.

Does an MCL violation exist? YES NO

If yes, check reason(s) below.

Two or more positive total coliform samples for systems collecting 40 or more samples (routine, repeat or 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 Hest*

Date: 8-4-04

Title: Water Systems Supervisor

Certification No. NY0031941

7/30/04
 Pump Data

MONTHLY GALLONAGE REPORT
 July2004.xls

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	258	1,001	0	2	1	1,262
2	0	221	1,335	0	0	149	1,705
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	0	858	2,478	0	0	0	3,336
6	0	0	0	0	0	0	0
7	0	631	1,849	0	0	0	2,480
8	0	202	1,287	0	3	4	1,496
9	0	168	1,209	0	2	3	1,382
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	0	758	2,469	297	37	55	3,616
13	0	215	731	0	0	0	946
14	0	392	826	0	2	4	1,224
15	0	358	1,028	0	0	0	1,386
16	0	328	1,023	0	2	1	1,354
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	0	1,069	3,504	0	0	362	4,935
20	0	368	908	0	0	0	1,276
21	0	371	1,104	0	2	6	1,483
22	0	423	1,275	0	0	0	1,698
23	0	119	405	0	1,349	2	1,875
24	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0
26	0	1,067	2,546	0	1	0	3,614
27	0	356	949	0	0	0	1,305
28	0	270	889	0	52	42	1,253
29	0	350	943	0	0	0	1,293
30	0	548	1,368	0	3	1	1,920
31	0	0	0	0	0	0	0
Total	0	9,330	29,127	297	1,455	630	40,839
		Totalizer	Totalizer			Total(x1,000)	
		This Month	Last Month			Gallons	
	Well 4	1,648,622	1,648,622			0	
	Well 6	463,082	453,752			9,330	
	Well 7	1,464,656	1,435,529			29,127	
	Well 10	769,793	769,496			297	
	Well 11	602,858	601,403			1,455	
	Well 12	685,199	684,569			630	
AGS Water Supply Meter		506,887	504,592			2295.00	
Medical Reactor - Well 105						0.00	
Biology Building - Well 9		6,792,770	6,792,770			0.00	

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (631) 694-3040 . FAX: (631) 420-8436 NYSDOH ID# 10478

LABORATORY RESULTS

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

Lab No. : 0407358-001A

Sample Information...

Type : Potable Water
 Origin : Distribution
 Routine

Federal ID 5111891

Client ID. : 19108-001

Collected : 7/9/04 8:15:00 AM

Point No : 094-273

Received : 7/9/04 3:35:00 PM

Location : B-49 Water Tower

Collected By : CLIENT

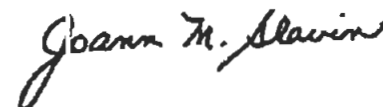
Copy : Original

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	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.8	mg/L		M4500-CI G	07/09/2004

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

Date Reported : 8/3/04



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. : 0407358-002A

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

Federal ID 5111891
Collected : 7/9/04 9:40:00 AM
Received : 7/9/04 3:35:00 PM
Collected By : CLIENT
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Client ID. : 19108-002

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	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	07/09/2004

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

Date Reported : 8/3/04

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. : 0407358-003A

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

Federal ID 5111891

Client ID. : 19108-03

Collected : 7/9/04 8:58:00 AM

Point No : 109-19

Received : 7/9/04 3:35:00 PM

Location : B-363 Apt. Laundry

Collected By : CLIENT

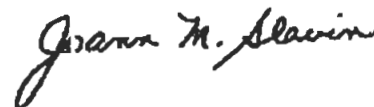
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<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	07/09/2004

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

Date Reported : 8/3/04



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. : 0407358-004A

Sample Information...

Type : Potable Water

Origin : Distribution

Routine

Federal ID 5111891

Client ID. : 19108-004

Collected : 7/9/04 9:50:00 AM

Point No : 045-12

Received : 7/9/04 3:35:00 PM

Location : B-1005 RHIC

Collected By : CLIENT

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Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	07/09/2004

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

Date Reported : 8/3/04

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. Scarplitta

Lab No. : 0407358-005A

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

Federal ID 5111891

Client ID. : 19108-105

Collected : 7/9/04 9:22:00 AM

Point No : 054-187

Received : 7/9/04 3:35:00 PM

Location : B-930 LINAC

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	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.8	mg/L		M4500-CI G	07/09/2004

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

Date Reported : 8/3/04

Laboratory Manager

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
(631)694-3040. FAX: (631)420-8436 NYSDOHID#10478

LABORATORY RESULTS

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

Lab No. : 0407358-006A

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

Federal ID 5111891

Client ID. : 19108-106

Collected : 7/9/04 10:27:00 AM

Point No : 084-70

Received : 7/9/04 3:33:00 PM

Location : B-490 Outpatient Clinic

Collected By : CLIENT

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Parameter(s)	Results	Units	Limit	Method Number	Analyzed
Total Coliform	Negative		Negative	M9223	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	07/09/2004

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

Date Reported : 8/3/04

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. : 0407358-007A

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

Federal ID 5111891

Client ID. : 19108-(07

Collected : 7/9/04 10:40:00 AM

Point No : 084-67

Received : 7/9/04 3:35:00 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	07/10/2004 11:30 AM
E_Coliform	Absent		Absent	M9223	07/10/2004 11:30 AM
Total Residual Chlorine	0.6	mg/L		M4500-CI G	07/09/2004

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

Date Reported : 8/3/04

Jerome M. Slavine