



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

November 4, 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 October 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 for October.
- Attachment II: October 2004 Biweekly Water Quality Monitoring Data for the BNL Distribution System.
- Attachment III: October 2004 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data and Bacteriological Analyses for the BNL Distribution System.
- Attachment IV: 2004 Fourth Quarter Bacteriological Analyses for the BNL Potable Water Wells and GAC/Air Stripper Treatment Systems.

A positive bacteriological sample result was received for the Bldg. 648 sampling conducted on October 8, 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 October 12, 2004, after the Bldg. 648 Packed Tower sampling port was taken apart and disinfected. 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 is 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



REGISTERED TO
ISO 14001: 1996

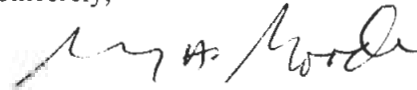


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National Standards Institute
Registration Accreditation Board

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 for October 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: OCTOBER

2004

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 13232572
	Treated Water K Gals	Liquid Sodium Hypochlorite		Free Cl2 Residual mg/l	Lime	Totalizer	
		Gallons	Cl2 use per 24hrs		Sodium Hydroxide		
1	1,176	169	11	0.91	7.6	13233748	
2	0						
3	0						
4	2,155	145	20	0.79	7.5	13235903	
5	722	135	10	0.75	7.3	13236625	
6	700	125	10	0.85	7.5	13237325	
7	747	120+80	5	0.8	7.4	13238072	
8	572	185	15	0.89	7.5	13238644	
9	0						
10	0						
11	1,994	160	25	0.8	7.6	13240638	
12	611	150	10	0.88	7.5	13241249	
13	717	142	8	0.82	7.6	13241966	
14	697	135	7	0.84	7.6	13242663	
15	674	130	5	0.84	7.6	13243337	
16	0						
17	0						
18	2,250	112	18	1.7	7.1	13245587	
19	772	109	3	1.1	7.2	13246359	
20	676	105	4	0.82	7.2	13247035	
21	689	104	1	0.66	7.3	13247724	
22	703	104	0	0.43	7.5	13248427	
23	0						
24	0						
25	2,037	90+110	14	0.78	7.4	13250464	
26	817	184	16	0.8	7.5	13251281	
27	1,036	175	9	0.85	7.6	13252317	
28	713	170	5	0.5	7.5	13253030	
29	660	164	6	1.1	7.5	13253690	
30	0						
31	0						
TOT	21,118		202				
AVG	681.23		6.52	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: *Jed Brown*

Date: 11-1-04

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: OCTOBER

2004

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 K Gals	Liquid Sodium Hypochlorite		Free Cl2 Residual mg/l	Lime Sodium Hydroxide		
		Gallons	Cl2 use per 24hrs				
1	0	0	0	NR	NR	1648622	
2	0						
3	0						
4	0	0	0	NR	NR	1648622	
5	0	0	0	NR	NR	1648622	
6	0	0	0	NR	NR	1648622	
7	0	0	0	NR	NR	1648622	
8	0	0	0	NR	NR	1648622	
9	0						
10	0						
11	0	0	0	NR	NR	1648622	
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						
17	0						
18	0	0	0	NR	NR	1648622	
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						
24	0						
25	0	0	0	NR	NR	1648622	
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						
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: *St. Herr*

Date: 11-1-04

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: OCTOBER 2004
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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 K Gals	Liquid Sodium Hypochlorite		Free Cl ₂ Residual mg/l	Lime Sodium Hydroxide	Totalizer	
		Gallons	Cl ₂ use per 24hrs				
1	1,253	90	27	0.3	6.2	1520835	
2	0						
3	0						
4	2,144	45	45	0.31	6	1522979	
5	751	15+135	30	0.3	6	1523730	
6	970	132	18	0.2	6	1524700	
7	987	108+42	24	0.05	6.1	1525687	
8	763	136	14	0.08	6.1	1526450	
9	0						
10	0						
11	2,851	75	59	0.21	6.1	1529301	
12	787	60	15	0.03	6	1530088	
13	976	33+67	27	0.07	6.1	1531064	
14	907	72	28	0.21	6.1	1531971	
15	974	45+105	27	0.07	6.1	1532945	
16	0						
17	0						
18	2,534	72	78	1.7	6.1	1535479	
19	864	38	34	1.4	6	1536343	
20	775	26+124	12	1.3	6.1	1537118	
21	758	132	18	1.5	6	1537876	
22	462	120	12	0.43	6	1538338	
23	0						
24	0						
25	2,637	99+51	21	0.12	6.1	1540975	
26	875	132	16	0.21	6.1	1541850	
27	1,318	114	18	0.4	6.1	1543168	
28	801	99+51	15	0.78	6	1543969	
29	882	138	12	0.9	6.1	1544851	
30	0						
31	0						
TOT	25,269		550				
AVG	815.13		17.74	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. Row

Date: 11-1-04

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: OCTOBER 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 K Gals	Liquid Sodium Hypochlorite		Free Cl ₂ Residual mg/l	Lime Sodium Hydroxide	Totalizer	
		Gallons	Cl ₂ use per 24hrs				
1	0	38	0	NR	NR	770112	
2	0						
3	0						
4	0	38	0	NR	NR	770112	
5	0	38	0	NR	NR	770112	
6	0	38	0	NR	NR	770112	
7	0	38	0	NR	NR	770112	
8	0	38	0	NR	NR	770112	
9	0						
10	0						
11	277	38	0	NR	NR	770389	
12	0	38	0	NR	NR	770389	
13	0	38	0	NR	NR	770389	
14	0	38	0	NR	NR	770389	
15	0	38	0	NR	NR	770389	
16	0						
17	0						
18	0	38	0	NR	NR	770389	
19	0	38	0	NR	NR	770389	
20	0	38	0	NR	NR	770389	
21	0	38	0	NR	NR	770389	
22	0	38	0	NR	NR	770389	
23	0						
24	0						
25	0	38	0	NR	NR	770389	
26	0	38	0	NR	NR	770389	
27	0	38	0	NR	NR	770389	
28	0	38	0	NR	NR	770389	
29	0	38	0	NR	NR	770389	
30	0						
31	0						
TOT	277		0				
AVG.	8.94		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: 11-4-04

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: OCTOBER 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 K. Gals	Liquid Sodium Hypochlorite		Free Cl ₂	Lime	Totalizer	
		Gallons	Cl ₂ use per 24hrs	Residual mg/l	Sodium Hydroxide		
1	0	102	0	NR	NR	611688	
2	0						
3	0						
4	1,557	102	0	NR	NR	613245	
5	0	102	0	NR	NR	613245	
6	33	102	0	NR	NR	613278	
7	0	102	0	NR	NR	613278	
8	84	102	0	NR	NR	613362	
9	0						
10	0						
11	23	96	6	NR	NR	613385	
12	0	96	0	NR	NR	613385	
13	48	96	0	NR	NR	613433	
14	1	96	0	NR	NR	613434	
15	27	96	0	NR	NR	613461	
16	0						
17	0						
18	0	96	0	NR	NR	613461	
19	0	96	0	0.43	7.1	613461	
20	1	96	0	NR	NR	613462	
21	0	96	0	NR	NR	613462	
22	0	96	0	NR	NR	613462	
23	0						
24	0						
25	0	96	0	NR	NR	613462	
26	0	96	0	NR	NR	613462	
27	435	78	18	NR	NR	613897	
28	296	69	9	0.4	6.3	614193	
29	65	69	0	NR	NR	614258	
30	0						
31	0						
TOT	2,570		33				
AVG.	82.90		1.06	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.

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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: *Ad Perry*

Date: 11-1-04

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: OCTOBER

2004

LOCATION: WELL NO. 12

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

Source: Ground Water

Does the system have a chlorination waiver? YES NO

Day of month	CHLORINATION				pH		Totalizer Daily Totalizer
	Treated Water K Gals	Liquid Sodium Hypochlorite		Free Cl ₂ Residual mg/l	Lime Sodium Hydroxide	Totalizer	
		Gallons	Cl ₂ use per 24hrs				
1	1	66	0	NR	NR	694295	
2	0						
3	0						
4	0	66	0	NR	NR	694295	
5	0	66	0	NR	NR	694295	
6	22	66	0	NR	NR	694317	
7	0	66	0	NR	NR	694317	
8	80	66	0	NR	NR	694397	
9	0						
10	0						
11	41	63	3	NR	NR	694438	
12	0	63	0	NR	NR	694438	
13	0	63	0	NR	NR	694438	
14	0	63	0	0.32	7.1	694438	
15	2	63	0	NR	NR	694440	
16	0						
17	0						
18	0	63	0	NR	NR	694440	
19	0	63	0	6	7.4	694440	
20	1	63	0	NR	NR	694441	
21	0	63	0	NR	NR	694441	
22	0	63	0	NR	NR	694441	
23	0						
24	0						
25	0	63	0	NR	NR	694441	
26	3	63	0	NR	NR	694444	
27	119	63	0	NR	NR	694563	
28	68	57	6	0.04	6.7	694631	
29	66	57	0	NR	NR	694697	
30	0						
31	0						
TOT	403		9				
AVG.	13.00		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 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.

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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: Al Ram

Date: 11-1-04

Title: Water Systems Supervisor

Certification No. NY0031941

11/1/2004
Pump Data

MONTHLY GALLONAGE REPORT
OCTOBER2004.XLS

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	344	1,253	0	0	1	1,598
2	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0
4	0	883	2,144	0	1,557	0	4,584
5	0	284	751	0	0	0	1,035
6	0	483	970	0	33	22	1,508
7	0	557	987	0	0	0	1,544
8	0	350	763	0	84	80	1,277
9	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0
11	0	1,559	2,851	277	23	41	4,751
12	0	279	787	0	0	0	1,066
13	0	448	976	0	48	0	1,472
14	0	482	907	0	1	0	1,390
15	0	592	974	0	27	2	1,595
16	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0
18	0	1,257	2,534	0	0	0	3,791
19	0	383	864	0	0	0	1,247
20	0	359	775	0	1	1	1,136
21	0	335	758	0	0	0	1,093
22	0	269	462	0	0	0	731
23	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0
25	0	1,155	2,637	0	0	0	3,792
26	0	288	875	0	0	3	1,166
27	0	613	1,318	0	435	119	2,485
28	0	308	801	0	296	68	1,473
29	0	448	882	0	65	66	1,461
30	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0
Total	0	11,676	25,269	277	2,570	403	40,195
		Totalizer This Month		Totalizer Last Month		Total(x1,000) Gallons	
	Well 4	1,648,622		1,648,622		0	
	Well 6	496,531		484,855		11,676	
	Well 7	1,544,851		1,519,582		25,269	
	Well 10	770,389		770,112		277	
	Well 11	614,258		611,688		2,570	
	Well 12	694,697		694,294		403	
AGS Water Supply Meter		508,430		507,327		1103.00	
Medical Reactor - Well 105						0.00	
Biology Building - Well 9		6,792,770		6,792,770		0.00	

ATTACHMENT II

Brookhaven National Laboratory

Potable Water Supply

October 2004 Biweekly Water Quality Monitoring Data

for the BNL Distribution System

Attachment II
Table 1 - Summary of Water Quality Analyses
for the BNL Potable Water System
October 2004

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	10/5/04	7.3	54	144	ANR	ANR
WTP	10/7/04	7.4	53	144	ANR	ANR
WTP	10/12/04	7.5	54	135	ANR	ANR
WTP	10/14/04	7.6	56	145	ANR	ANR
WTP	10/19/04	7.2	54	143	ANR	ANR
WTP	10/21/04	7.3	57	151	ANR	ANR
WTP	10/26/04	7.5	55	146	ANR	ANR
WTP	10/28/04	7.5	56	144	ANR	ANR
Well #11	10/5/04	6.2	55	132	ANR	ANR
Well #11	10/7/04	7.3	55	148	ANR	ANR
Well #11	10/12/04	NR	NR	NR	ANR	ANR
Well #11	10/14/04	6.1	56	147	ANR	ANR
Well #11	10/19/04	7.1	52	212	ANR	ANR
Well #11	10/21/04	NR	NR	NR	ANR	ANR
Well #11	10/26/04	7.0	55	148	ANR	ANR
Well #11	10/28/04	6.3	56	149	ANR	ANR
Well #12	10/5/04	6.7	56	183	ANR	ANR
Well #12	10/7/04	6.9	56	186	ANR	ANR
Well #12	10/12/04	NR	NR	NR	ANR	ANR
Well #12	10/14/04	7.1	56	149	ANR	ANR
Well #12	10/19/04	7.4	52	185	ANR	ANR
Well #12	10/21/04	NR	NR	NR	ANR	ANR
Well #12	10/26/04	7.0	56	150	ANR	ANR
Well #12	10/28/04	6.7	58	189	ANR	ANR

ANR- Analysis Not Required

NR- Not Reported

Note: Field parameters are only conducted for facilities that are in operation on the day of measurement.

ATTACHMENT III

Brookhaven National Laboratory

Potable Water Supply

October 2004 Stage 1 Disinfectants & Disinfection Byproduct Rule

Monitoring Data and Bacteriological Analyses for the BNL Distribution System

Attachment III

**October 2004 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data
Table II - Maximum Residual Disinfectant Level (MRDL) Compliance**

Location	Total Residual Chlorine (mg/L)											
	Nov. 03	Dec. 03	Jan. 04	Feb. 04	Mar. 04	Apr. 04	May 04	June 04	July 04	Aug. 04	Sept. 04	Oct. 04
Bldg. 49 Water Tower	0.9	0.9	0.8	0.7	1.1	1.0	1.0	0.8	0.8	1.0	0.7	0.8
Bldg. 640 Water Tower	0.9	0.8	0.9	0.6	1.1	0.6	1.0	0.6	0.5	0.5	0.3	0.6
Bldg. 363 Apt. Laundry	0.5	0.9	0.4	0.5	0.9	0.3	0.8	0.4	0.6	0.5	0.6	0.5
Bldg. 1005 RHIC	0.6	1.0	0.4	0.7	0.5	0.4	0.6	0.5	0.6	0.5	0.5	0.5
Bldg. 930 LINAC	0.9	NS	0.8	NS	1.1	NS	0.9	NS	0.8	NS	0.9	NS
Bldg. 725 NSLS	NS	0.6	NS	0.5	NS	1.7	NS	0.8	NS	0.9	NS	0.7
Bldg. 490 Outpatient Clinic	0.6	NS	0.8	NS	1.0	NS	1.0	NS	0.8	NS	0.7	NS
Bldg. 490 Block 11	0.4	NS	0.8	NS	1.0	NS	1.0	NS	0.6	NS	0.3	NS
Bldg. 490 Block 1 ACF	NS	0.8	NS	0.5	NS	1.0	NS	0.6	NS	0.4	NS	0.8
Bldg. 490 Block 4 MRC	NS	1.0	NS	0.5	NS	1.1	NS	0.6	NS	0.9	NS	0.7
Bldg. 648 Packed Tower*	NA	NA	NA	NA	NA	NA	NA	NA	0.9	NA	NA	<0.1
WTP Influent*	NA	NA	NA	NA	NA	NA	NA	NA	0.7	NA	NA	0.4
WTP Effluent (Finished Water)*	NA	NA	NA	NA	NA	NA	NA	NA	0.8	NA	NA	1.0
Bldg. 363 Apt. Laundry*	NA	NA	NA	NA	NA	NA	NA	NA	0.5	NA	NA	0.8
Monthly Average	0.7	0.9	0.7	0.6	1.0	0.9	0.9	0.6	0.7	0.7	0.6	0.7

NA - Not Applicable

NS- Not Scheduled for sampling

* Chlorine concentrations from 10/12/04 sampling due to positive total coliform sampling at Bldg. 648 on 10/8/04

Running Annual Average (mg/L) 0.7 (Total Residual Chlorine)
MRDL (mg/L) 4.0

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 : 10/8/04 8:45:00 AM

Received : 10/8/04 3:25:00 PM

Collected By : CLIENT

Copy : Original

CC

LABORATORY RESULTS

Lab No. : 0410255-001A

Sample Information...

Type : Potable Water

Origin : Distribution

Routine

Client ID. : 19613-001

Point No : 094-273

Location : B-49 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	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.8	mg/L		M4500-Cl G	10/08/2004

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

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

Date Reported :

Joann M. Slavina

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 : 10/8/04 9:10:00 AM

Received : 10/8/04 3:25:00 PM

Collected By : CLIENT

Copy : Original

CC

LABORATORY RESULTS

Lab No. : 0410255-002A

Sample Information...

Type : Potable Water

Origin : Distribution

Routine

Client ID. : 19613-002

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	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.6	mg/L		M4500-Cl G	10/08/2004

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

Date Reported :

Joann M. Slavin

H2M LABS, INC.

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

Brookhaven National Lab.-BNLM

70 Bell Ave.

Upton, NY 11973

Attn To : S. Scarpitta

Federal ID 5111891

Collected : 10/8/04 8:50:00 AM

Received : 10/8/04 3:25:00 PM

Collected By : CLIENT

Copy : Original

CC

LABORATORY RESULTS

Lab No. : 0410255-003A

Sample Information...

Type : Potable Water

Origin : Distribution

Routine

Client ID. : 19613-003

Point No : 109-19

Location : B-363 Apt.Laundry

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.5	mg/L		M4500-CI G	10/08/2004

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

Date Reported :

Joanna 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 : 10/8/04 9:25:00 AM

Received : 10/8/04 3:25:00 PM

Collected By : CLIENT

Copy : Original

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LABORATORY RESULTS

Lab No. : 0410255-004A

Sample Information...

Type : Potable Water

Origin : Distribution

Routine

Client ID. : 19613-004

Point No : 045-12

Location : B-1005 RHIC

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.5	mg/L		M4500-Cl G	10/08/2004

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

Date Reported :

Joanna M. Slavine

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. : 0410255-005A

Sample Information...

Type : Potable Water

Origin : Distribution

Routine

Federal ID 5111891

Client ID. : 19613-005

Collected : 10/8/04 10:10:00 AM

Point No : 075-602

Received : 10/8/04 3:25:00 PM

Location : B-725 NSLS

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	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.7	mg/L		M4500-Cl G	10/08/2004

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

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

Date Reported :

Joanna 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 : 10/8/04 10:30:00 AM

Received : 10/8/04 3:25:00 PM

Collected By : CLIENT

Copy : Original

CC

LABORATORY RESULTS

Lab No. : 0410255-006A

Client ID. : 19613-006

Point No : 084-69

Location : B-490 Block 1 ACF

Sample Information...

Type : Potable Water

Origin : Distribution

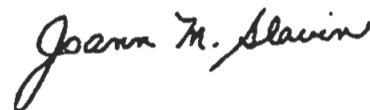
Routine

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.8	mg/L		M4500-CI G	10/08/2004

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

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

Date Reported :



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. : 0410255-007A

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

Federal ID : 5111891

Client ID. : 19613-007

Collected : 10/8/04 10:35:00 AM

Point No : 084-68

Received : 10/8/04 3:25:00 PM

Location : B-490 Block 4 MRC

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	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.7	mg/L		M4500-CI G	10/08/2004

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

Date Reported :

Joann M. Slavine

H2M LABS, INC.

575 Broad Hollow Road, Melville NY 11747
 (516) 694-3040 FAX: (516) 420-8436 NYSDOH ID# 10478

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

LABORATORY RESULTS

Lab No. : 0410255-008A

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

Federal ID 5111891

Client ID. : 19613-008

Collected : 10/8/04 10:35:00 AM

Point No : 1

Received : 10/8/04 3:25:00 PM

Location : Duplicate

Collected By : CLIENT

Bldg. 490 - Block 4 MRC - Duplicate

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	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM
Total Residual Chlorine	0.7	mg/L		M4500-Cl G	10/08/2004

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

Date Reported :

Joann M. Slavin

ATTACHMENT IV
Brookhaven National Laboratory
Potable Water Supply
2004 Fourth Quarter Bacteriological Analyses
for the BNL Potable Water Wells
and GAC/Air Stripper Treatment Systems

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. : 0410255-009A

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

Federal ID 5111891

Client ID. : 19613-009

Collected : 10/8/04 12:55:00 PM

Point No : 093-07

Received : 10/8/04 3:25:00 PM

Location : Well #6 Raw

Collected By : CLIENT

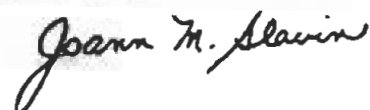
Copy : Original

CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :



H2M LABS, INC.

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

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

LABORATORY RESULTS

Lab No. : 0410255-010A

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

Federal ID 5111891

Client ID. : 19613-010

Collected : 10/8/04 12:45:00 PM

Point No : 092-03

Received : 10/8/04 3:25:00 PM

Location : Well #7 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>
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

Joanna M. Slawin

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. : 0410255-022A

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

Federal ID 5111891

Client ID. : 19613-022

Collected : 10/8/04 10:45:00 AM

Point No : 055-09

Received : 10/8/04 3:25:00 PM

Location : Well #10 Raw

Collected By : CLIENT

Copy : Original

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<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

Joann M. Slavin

H2M LABS, INC.

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

LABORATORY RESULTS

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

Lab No. : 0410255-011A

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

Federal ID 5111891

Client ID. : 19613-011

Collected : 10/8/04 11:00:00 AM

Point No : 056-19

Received : 10/8/04 3:25:00 PM

Location : Well #11 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>
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

Joann M. Slavin

H2M LABS, INC.

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

LABORATORY RESULTS

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

Lab No. : 0410255-012A

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

Federal ID 5111891

Client ID. : 19613-012

Collected : 10/8/04 11:07:00 AM

Point No : 056-20

Received : 10/8/04 3:25:00 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>
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

Joann M. Slavin

H2M LABS, INC.

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

LABORATORY RESULTS

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

Lab No. : 0410255-020A

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

Federal ID 5111891

Client ID. : 19613-020

Collected : 10/8/04 10:45:00 AM

Point No : 055-36

Received : 10/8/04 3:25:00 PM

Location : Well #10 Gac Filter 654

Collected By : CLIENT

Copy : Original

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<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

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

Date Reported :

Joann M. Slavin

H2M LABS, INC.

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

LABORATORY RESULTS

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

Lab No. : 0410255-013A

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

Federal ID 5111891

Client ID. : 19613-013

Collected : 10/8/04 1:10:00 PM

Point No : 073-20

Received : 10/8/04 3:25:00 PM

Location : Wtf Packed Tower 648

Collected By : CLIENT

Copy : Original

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Parameter(s)	Results	Units	Limit	Method Number	Analyzed
* Total Coliform	* Positive		Negative	M9223	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

Joann M. Slavin

H2M LABS, INC.

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

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

LABORATORY RESULTS

Lab No. : **0410255-015A**

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

Federal ID 5111891

Client ID. : 19613-015

Collected : 10/8/04 11:00:00 AM

Point No : 056-31

Received : 10/8/04 3:25:00 PM

Location : Well #11 Gac Filter 655

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	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

Joann M. Alavin

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. : 0410255-016A

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

Federal ID 5111891

Client ID. : 19613-016

Collected : 10/8/04 11:07:00 AM

Point No : 056-32

Received : 10/8/04 3:25:00 PM

Location : Well #12 Gac Filter 657

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	10/09/2004 12:30 PM
E_Coliform	Absent		Absent	M9223	10/09/2004 12:30 PM

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

Date Reported :

Joann M. Slavin

H2M LABS, INC.

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

Brookhaven National Lab.-BNLM

70 Bell Ave.

Upton, NY 11973

Attn To : S. Scarpitta

Federal ID 5111891

Collected : 10/12/04 4:00:00 PM

Received : 10/13/04 3:30:00 PM

Collected By : CLIENT

Copy : Original

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LABORATORY RESULTS

Lab No. : 0410390-001A

Sample Information...

Type : Potable Water

Origin : Distribution

Routine

Client ID. : 19756-001

Point No : 073-20

Location : Wtf Packed Tower 648

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	10/13/2004 4:00 PM
E_Coliform	Absent		Absent	M9223	10/13/2004 4:00 PM
Total Residual Chlorine	< 0.10	mg/L		M4500-Cl G	10/13/2004

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

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

Date Reported : 10/15/04

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

LABORATORY RESULTS

Lab No. : 0410390-002A

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

Federal ID 5111891

Client ID. : 19756-002

Collected : 10/12/04 2:30:00 PM

Point No : 073-400

Received : 10/13/04 3:30:00 PM

Location : F1 WTP Influent

Collected By : CLIENT

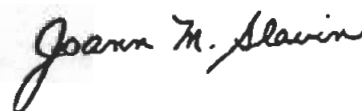
Copy : Original

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	10/13/2004 4:00 PM
E_Coliform	Absent		Absent	M9223	10/13/2004 4:00 PM
Total Residual Chlorine	0.4	mg/L		M4500-CI G	10/13/2004

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

Date Reported : 10/15/04



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. : 0410390-003A

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

Federal ID : 5111891

Client ID. : 19756-003

Collected : 10/12/04 2:35:00 PM

Point No : 073-401

Received : 10/13/04 3:30:00 PM

Location : F2 WTP Effluent

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	10/13/2004 4:00 PM
E_Coliform	Absent		Absent	M9223	10/13/2004 4:00 PM
Total Residual Chlorine	1.0	mg/L		M4500-Cl G	10/13/2004

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

Date Reported : 10/15/04

Joanna M. Slawin

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 : 10/12/04 3:30:00 PM

Received : 10/13/04 3:30:00 PM

Collected By : CLIENT

Copy : Original

CC

Lab No. : 0410390-004A

Client ID. : 19756-004

Sample Information...

Type : Potable Water

Origin : Distribution

Routine

Point No : 109-19

Location : B-363 Apt.Laundry

<u>Parameter(s)</u>	<u>Results</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		Negative	M9223	10/13/2004 4:00 PM
E_Coliform	Absent		Absent	M9223	10/13/2004 4:00 PM
Total Residual Chlorine	0.8	mg/L		M4500-CI G	10/13/2004

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

Date Reported : 10/15/04

