



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

December 10, 2007

Ms. Kathleen Newcomer
Suffolk County Department of Health Services
Office of Water Resources
Bureau of Drinking Water
Suite 1C
360 Yaphank Avenue
Yaphank, New York 11980

Dear Ms. Kathleen Newcomer:

Subject: Monthly Water Treatment Plant Reports
Reference: Suffolk County Minimum Monitoring Requirements for November 2007

In accordance with the requirements of the BNL Potable Water System Sampling Plan and the 2007 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 November.
- Attachment II: November 2007 Biweekly Water Quality Monitoring Data for the BNL Distribution System and Potable Water Wells.
- Attachment III: November 2007 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data and Bacteriological Analyses for the BNL Distribution System.

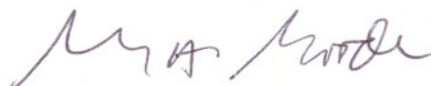
Collection and analysis of these samples is performed in accordance with the guidelines of the BNL Quality Assurance program, the SCDHS Community Water Supply Monitoring Requirements, and the BNL Potable Water System Sampling Plan. Plant Engineering Division personnel using standard operating procedures collect routine monitoring samples; a contractor laboratory using standard 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.



Registered to
ISO 14001

Should there be any questions regarding this report or the analytical or operational data contained herein, please call either J. Higbie at (631) 344-5919, R. Lee at (631) 344-3148, or W. Chaloupka at (631) 344-7136.

Sincerely,



George A. Goode
Environmental & Waste Management Services
Division Manager

GAG/JB:car

Attachments: As noted

cc:	L. Ambroszkiewicz, SCDHS	w/attachments
	W. Chaloupka	w/attachments
	J. Granzen	w/attachments
	G. Goode	w/o attachments
	J. Higbie	w/attachments
	R. Lee	w/attachments
	E. Murphy	w/attachments
	P. Ponturo, SCDHS	w/o attachments
	L. Ross	w/o attachments

File: EC61ER.07

ATTACHMENT I

Brookhaven National Laboratory

Potable Water Supply

Monthly Operational Data for November 2007

for the BNL Potable Water System

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Water Treatment Facility - Microbiological Sample Results

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	11/07	11/30/2007	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID	County	Town, Village, or City	<input type="checkbox"/> Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	<input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well(s) No.:	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings				Daily Totalizer
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l) (WTF-624)	Hypochlorite used/day (WTF - 624)	pH Lime Softening (WTF-624)	pH (Incoming RAW Water)		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)						
					112					800,141	
1	7+4+6	777	NA	NA	105	1.10	7	7.4	5.9	800,918	
2	7+4+6	874	NA	NA	95+95	0.58	10	7.5	6	801,792	
3		-									
4		-									
5	7+4+6	2,493	NA	NA	150	0.60	40	7.2	5.9	804,285	
6	7+4+6	953	NA	NA	145	0.69	5	7.3	5.8	805,238	
7	7+4+6	969	NA	NA	135	0.77	10	7.3	5.9	806,207	
8	7+4+6	908	NA	NA	120+50	0.88	15	7.3	5.9	807,115	
9	7+4+6	900	NA	NA	160	0.57	10	7.3	6	808,015	
10		-									
11		-									
12	7+4+6	2,232	NA	NA	130	0.93	30	7.2	5.9	810,247	
13	7+4+6	849	NA	NA	125	0.79	5	7.3	5.9	811,096	
14	7+4+6	888	NA	NA	115	1.30	10	7.2	5.9	811,984	
15	7+4+6	1,046	NA	NA	105	0.80	10	7.1	5.9	813,030	
16	7+4+6	869	NA	NA	92	0.60	13	7	5.9	813,899	
17		-									
18		-									
19	7+4+6	2,245	NA	NA	70	0.93	22	7.2	5.9	816,144	
20	7+4+6	853	NA	NA	61	1.00	9	7.1	5.9	816,997	
21	7+4+6	889	NA	NA	50	0.70	11	7.1	6	817,886	
22		-									
23	7+4+6	1,541	NA	NA	30+90	0.84	20	7.3	6	819,427	
24		-									
25		-									
26	7+4+6	2,133	NA	NA	95	0.80	25	7.2	6	821,560	
27	7+4+6	1,034	NA	NA	88	0.88	7	7.2	6	822,594	
28	7+4+6	874	NA	NA	75+75	1.21	13	7.2	6	823,468	
29	7+4+6	660	NA	NA	140	1.18	10	7.1	6	824,128	
30	7+4+6	696	NA	NA	130	1.60	10	7.2	5.9	824,824	
31		-									
Total		24,683	DAYS	30	1896		292	151.7	124.6		
AVG.		796.23			111.5294118	0.89	13.9047619	7.223809524	5.933333333		

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941
 Signature: *Lowell Ross* Date: 12-4-07 Operator Grade Level 1A-SW/GUI

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Well No. 4 - Supply to Water Treatment Facility

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	11/07	11/30/2007	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID	County	Town, Village, or City	<input type="checkbox"/> Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	<input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 4	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings			Daily Totalizer
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)	Hypochlorite used/day			
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					125					1,757,240
1	4	214	NA	NA	122	0.28	3			1,757,454
2	4	659	NA	NA	120+30	0.12	2			1,758,113
3		-								
4		-								
5	4	1,310	NA	NA	129	0.30	21			1,759,423
6	4	234	NA	NA	126	0.02	4			1,759,657
7	4	263	NA	NA	122	0.10	4			1,759,920
8	4	237	NA	NA	118+32	0.19	4			1,760,157
9	4	214	NA	NA	148	0.30	2			1,760,371
10		-								
11		-								
12	4	620	NA	NA	146	0.04	2			1,760,991
13	4	232	NA	NA	135	0.14	11			1,761,223
14	4	383	NA	NA	129		6			1,761,606
15	4	317	NA	NA	123+15	0.10	6			1,761,923
16	4	150	NA	NA	135	0.09	3			1,762,073
17		-								
18		-								
19	4	422	NA	NA	129	0.03	6			1,762,495
20	4	301	NA	NA	127	0.10	2			1,762,796
21	4	321	NA	NA	122+25	0.03	5			1,763,117
22	4	-								
23	4	399	NA	NA	142	0.02	5			1,763,516
24		-								
25		-								
26	4	343	NA	NA	135	0.07	7			1,763,859
27	4	342	NA	NA	128	0.08	7			1,764,201
28	4	234	NA	NA	126	0.06	2			1,764,435
29	4	197	NA	NA	126	0.09				1,764,632
30	4	221	NA	NA	120+30=150	0.12	9			1,764,853
31		-								
Total		7,613	DAYS	31	2105		111			
AVG.		245.58			131.5625	0.11	5.285714286			

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941
 Signature: [Signature] Date: 12-4-07 Operator Grade Level 1A-SW/GUI

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Well No. 6 - Supply to Water Treatment Facility

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	11/07	11/30/2007	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID	County	Town, Village, or City	<input type="checkbox"/> Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	<input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 6	Treated water volume (1,000 gallons/day)	Chlorination				Free chlorine residual at entry point (mg/l)	Other Treatments / Readings		Daily Totalizer
			Gaseous		Liquid			Hypochlorite used/day		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons)	Hypochlorite in Tank				
					129				694,044	
1	6	33	NA	NA	126	0.28	3		694,077	
2	6	-	NA	NA	126	0.12			694,077	
3		-								
4		-								
5	6	644	NA	NA	132	0.30			694,721	
6	6	-	NA	NA	123	0.02			694,721	
7	6	36	NA	NA	123	0.10			694,757	
8	6	68	NA	NA	123+27	0.19			694,825	
9	6	34	NA	NA	150	0.30			694,859	
10		-								
11		-								
12	6	67	NA	NA	146	0.04	4		694,926	
13	6	37	NA	NA	144	0.14	2		694,963	
14	6	56	NA	NA	141		3		695,019	
15	6	33	NA	NA	141	0.10			695,052	
16	6	119	NA	NA	138	0.09	3		695,171	
17		-								
18		-								
19	6	66	NA	NA	135	0.03	3		695,237	
20	6	-	NA	NA	135	0.10			695,237	
21	6	-	NA	NA	135	0.27			695,237	
22	6	-								
23	6	61	NA	NA	135	0.02			695,298	
24		-								
25		-								
26	6	66	NA	NA	130	0.07	5		695,364	
27	6	76	NA	NA	130	0.08			695,440	
28	6	-	NA	NA	130	NR			695,440	
29	6	69	NA	NA	128	0.09	2		695,509	
30	6	33	NA	NA	128	0.12			695,542	
31		-								
Total		1,498	DAYS	31	2676		25			
AVG.		48.32			133.8	0.13	2.77777778			

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941
 Signature: [Signature] Date: 12-7-07 Operator Grade Level: 1A-SW/GUI

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Well No. 7 - Supply to Water Treatment Facility

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	11/07	11/30/2007	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID	County	Town, Village, or City	<input type="checkbox"/> Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	<input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 7	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings			Daily Totalizer
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)	Hypochlorite used/day			
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					60					2,389,475
1	7	763	NA	NA	36	0.28	24			2,390,238
2	7	344	NA	NA	30+120	0.12	6			2,390,582
3		-								
4		-								
5	7	3,010	NA	NA	93	0.30	57			2,393,592
6	7	1,276	NA	NA	68	0.02	25			2,394,868
7	7	912	NA	NA	54	0.10	14			2,395,780
8	7	891	NA	NA	39+111	0.19	15			2,396,671
9	7	932	NA	NA	136	0.30	86			2,397,603
10		-								
11		-								
12	7	2,333	NA	NA	102	0.04	34			2,399,936
13	7	727	NA	NA	96	0.14	6			2,400,663
14	7	862	NA	NA	87		9			2,401,525
15	7	1,008	NA	NA	69+81	0.10	18			2,402,533
16	7	981	NA	NA	135	0.09	15			2,403,514
17		-								
18		-								
19	7	2,411	NA	NA	93	0.03	42			2,405,925
20	7	810	NA	NA	78	0.10	15			2,406,735
21	7	886	NA	NA	66+84	0.03	12			2,407,621
22	7	-								
23	7	1,578	NA	NA	123	0.02	27			2,409,199
24		-								
25		-								
26	7	2,176	NA	NA	100	0.07	23			2,411,375
27	7	1,048	NA	NA	85	0.08	15			2,412,423
28	7	931	NA	NA	70	0.06	15			2,413,354
29	7	605	NA	NA	55	0.09	15			2,413,959
30	7	755	NA	NA	45+105=150	0.12	10			2,414,714
31		-								
Total		25,239	DAYS	31	1411		483			
AVG.		814.16			88.1875	0.11	23			

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941

Signature: [Signature] Date: 12-4-07 Operator Grade Level 1A-SW/GUI

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Well No. 10 - Direct Supply to Distribution System

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	11/07	11/30/2007	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID	County	Town, Village, or City	<input type="checkbox"/> Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	<input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 10	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings			Daily Totalizer
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	pH Sodium Hypochloride		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
									772,460	
1	10	-	NR	NR		NR	NR	NR	772,460	
2	10	-	NR	NR		NR	NR	NR	772,460	
3		-								
4		-								
5	10	-	NR	NR		NR	NR	NR	772,460	
6	10	-	NR	NR		NR	NR	NR	772,460	
7	10	-	NR	NR		NR	NR	NR	772,460	
8	10	-	NR	NR		NR	NR	NR	772,460	
9	10	-	NR	NR		NR	NR	NR	772,460	
10		-								
11		-								
12	10	-	NR	NR		NR	NR	NR	772,460	
13	10	-	NR	NR		NR	NR	NR	772,460	
14	10	-	NR	NR		NR	NR	NR	772,460	
15	10	-	NR	NR		NR	NR	NR	772,460	
16	10	-	NR	NR		NR	NR	NR	772,460	
17		-								
18		-								
19	10	-	NR	NR		NR	NR	NR	772,460	
20	10	-	NR	NR		NR	NR	NR	772,460	
21	10	-	NR	NR		NR	NR	NR	772,460	
22	10	-								
23	10	-	NR	NR		NR	NR	NR	772,460	
24		-								
25		-								
26	10	-	NR	NR		NR	NR	NR	772,460	
27	10	-	NR	NR		NR	NR	NR	772,460	
28	10	-	NR	NR		NR	NR	NR	772,460	
29	10	-	NR	NR		NR	NR	NR	772,460	
30	10	-	NR	NR		NR	NR	NR	772,460	
31		-								
Total		-	DAYS	31						
AVG.		-								

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941

Signature: [Signature] Date: 12-4-07 Operator Grade Level 1A-SW/GUI

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	11/07	11/30/2007	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID	County	Town, Village, or City	<input type="checkbox"/> Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	<input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 11	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings			Daily Totalizer
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	pH Sodium Hypochlorite		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					97				741,228	
1	11	-	NR	NR	97	NR	NR	NR	741,228	
2	11	-	NR	NR	97	NR	NR	NR	741,228	
3		-								
4		-								
5	11	-	NR	NR	97	NR	NR	NR	741,228	
6	11	-	NR	NR	97	NR	NR	NR	741,228	
7	11	-	NR	NR	97	NR	NR	NR	741,228	
8	11	-	NR	NR	97	NR	NR	NR	741,228	
9	11	-	NR	NR	97	NR	NR	NR	741,228	
10		-								
11		-								
12	11	-	NR	NR	97	NR	NR	NR	741,228	
13	11	-	NR	NR	97	NR	NR	NR	741,228	
14	11	-	NR	NR	97	NR	NR	NR	741,228	
15	11	-	NR	NR	97	NR	NR	NR	741,228	
16	11	-	NR	NR	97	NR	NR	NR	741,228	
17		-								
18		-								
19	11	-	NR	NR	97	NR	NR	NR	741,228	
20	11	-	NR	NR	97	NR	NR	NR	741,228	
21	11	-	NR	NR	97	NR	NR	NR	741,228	
22	11	-								
23	11	45	NR	NR	97	NR	NR	NR	741,273	
24		-								
25		-								
26	11	-	NR	NR	97	NR	NR	NR	741,273	
27	11	-	NR	NR	97	NR	NR	NR	741,273	
28	11	-	NR	NR	97	NR	NR	NR	741,273	
29	11	66	NR	NR	97	NR	NR	NR	741,339	
30	11	-	NR	NR	97	NR	NR	NR	741,339	
31		-								
Total		111	DAYS	31	2037					
AVG.		3.58			97					

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941
 Signature: [Signature] Date: 12-4-07 Operator Grade Level: 1A-SW/GUI

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Well No. 12 - Direct Supply to Distribution System

Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	11/07	11/30/2007	<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID	County	Town, Village, or City	<input type="checkbox"/> Purchase with subsequent chlorination
5111891	Suffolk	Upton, New York 11973	<input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 12	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings			Daily Totalizer
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	pH Sodium Hypochloride		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					135				857,753	
1	12	-	NR	NR	135	NR	NR	NR	857,753	
2	12	-	NR	NR	135	NR	NR	NR	857,753	
3		-								
4		-								
5	12	38	NR	NR	135	NR	NR	NR	857,791	
6	12	-	NR	NR	135	NR	NR	NR	857,791	
7	12	-	NR	NR	135	NR	NR	NR	857,791	
8	12	-	NR	NR	135	NR	NR	NR	857,791	
9	12	-	NR	NR	135	NR	NR	NR	857,791	
10		-								
11		-								
12	12	-	NR	NR	135	NR	NR	NR	857,791	
13	12	-	NR	NR	135	NR	NR	NR	857,791	
14	12	-	NR	NR	135	NR	NR	NR	857,791	
15	12	-	NR	NR	135	NR	NR	NR	857,791	
16	12	-	NR	NR	135	NR	NR	NR	857,791	
17		-								
18		-								
19	12	-	NR	NR	135	NR	NR	NR	857,791	
20	12	-	NR	NR	135	NR	NR	NR	857,791	
21	12	-	NR	NR	135	NR	NR	NR	857,791	
22	12	-								
23	12	43	NR	NR	135	NR	NR	NR	857,834	
24		-								
25		-								
26	12	-	NR	NR	135	NR	NR	NR	857,834	
27	12	-	NR	NR	135	NR	NR	NR	857,834	
28	12	-	NR	NR	135	NR	NR	NR	857,834	
29	12	53	NR	NR	135	NR	NR	NR	857,887	
30	12	-	NR	NR	135	NR	NR	NR	857,887	
31		-								
Total		134	DAYS	31	2835					
AVG.		4.32			135					

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____ gallons of water in crock

Reported by: Lowell Ross Title: Water Systems Supervisor NYS DOH Operator Certification Number: NY0031941

Signature: [Signature] Date: 12-4-07 Operator Grade Level: 1A-SW/GUI

Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	214	33	763	0	0	0	1,010
2	659	0	344	0	0	0	1,003
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	1,310	644	3,010	0	0	38	5,002
6	234	0	1,276	0	0	0	1,510
7	263	36	912	0	0	0	1,211
8	237	68	891	0	0	0	1,196
9	214	34	932	0	0	0	1,180
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	620	67	2,333	0	0	0	3,020
13	232	37	727	0	0	0	996
14	383	56	862	0	0	0	1,301
15	317	33	1,008	0	0	0	1,358
16	150	119	981	0	0	0	1,250
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	422	66	2,411	0	0	0	2,899
20	301	0	810	0	0	0	1,111
21	321	0	886	0	0	0	1,207
22	0	0	0	0	0	0	0
23	399	61	1,578	0	45	43	2,126
24	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0
26	343	66	2,176	0	0	0	2,585
27	342	76	1,048	0	0	0	1,466
28	234	0	931	0	0	0	1,165
29	197	69	605	0	66	53	990
30	221	33	755	0	0	0	1,009
31	0	0	0	0	0	0	0
Total	7,613	1,498	25,239	0	111	134	34,595

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	1,764,853	1,757,240	7,613
Well 6	695,542	694,044	1,498
Well 7	2,414,714	2,389,475	25,239
Well 10	772,460	772,460	0
Well 11	741,339	741,228	111
Well 12	857,887	857,753	134

AGS Water Supply Meter	648,984	645,669	3315.00
Biology Building - Well 9	6,793,150	6,793,150	0.00

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served: <u>3,500</u>
B-49 WATER TOWER 094-273	11/9/2007	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.6	Number of microbiological monitoring samples required: <u>4</u>
B-640 WATER TOWER 076-408	11/9/2007	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.67	Number of microbiological monitoring samples taken: <u>7</u>
B 1005 RHIC 045-12	11/9/2007	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.45	Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B 363 APART. LAUNDRY 109-19	11/9/2007	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.35	If "Yes," check reason (s) below: Actual number of samples is fewer than required. Did not collect/analyze repeat sample. Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
B-930 LINAC 054-187	11/9/2007	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B 490 OUTPATIENT 084-70	11/9/2007	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.85	If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information). For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
B490 BLOCK 11 084-67	11/9/2007	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.45	For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
FIELD DUP. B-49 094-273	11/9/2007	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.6	The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Sample Collector(s): (Name)

Name of NYSDOH Certified Laboratory: H2M Labs 575 Broad Hollow Road; Melville, N.Y. 11747

Did any MCL violation occur? If so, please describe: No

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain.

No

Comments: _____

ATTACHMENT II

Brookhaven National Laboratory

Potable Water Supply

**November 2007 Biweekly Water Quality Monitoring Data
for the BNL Distribution System and Potable Water Wells**

Attachment II
Table 1 - Summary of Water Quality Analyses
for the BNL Potable Water System
November 2007

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	11/1/07	7.4	53	190	ANR	ANR
WTP	11/6/07	7.3	55	163	ANR	ANR
WTP	11/8/07	7.3	54	191	ANR	ANR
WTP	11/13/07	7.3	55	281	ANR	ANR
WTP	11/15/07	7.1	57	156	ANR	ANR
WTP	11/20/07	7.2	54	158	ANR	ANR
WTP	11/22/07	7.2	56	164	ANR	ANR
WTP	11/27/07	7.2	55	171	ANR	ANR
WTP	11/29/07	7.1	55	171	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

November 2007 Stage 1 Disinfectants & Disinfection Byproduct Rule

Monitoring Data and Bacteriological Analyses for the BNL Distribution System

Attachment III

**November 2007 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data
Table II - Maximum Residual Disinfectant Level (MRDL) Compliance**

Location	Total Residual Chlorine (mg/L)											
	Dec. 06	Jan. 07	Feb. 07	Mar. 07	Apr. 07	May 07	June 07	July 07	Aug. 07	Sept. 07	Oct. 07	Nov. 07
Bldg. 49 Water Tower	1	0.7	0.7	0.6	0.6	0.9	0.8	0.6	0.8	0.5	1.0	0.6
Bldg. 640 Water Tower	0.5	0.3	0.6	0.6	0.6	0.8	0.5	0.5	0.6	0.7	0.6	0.7
Bldg. 363 Apt. Laundry	0.5	0.3	0.5	0.3	0.5	0.3	0.6	0.4	0.5	0.4	0.4	0.3
Bldg. 1005 RHIC	0.7	0.3	0.7	0.6	0.6	0.9	0.5	0.5	0.5	0.5	0.6	0.5
Bldg. 930 LINAC	NS	0.3	NS	0.8	NS	1.5	NS	0.4	NS	1.0	NS	1.1
Bldg. 725 NSLS	0.3	NS	0.8	NS	0.8	NS	0.8	NS	0.9	NS	0.7	NS
Bldg. 490 Outpatient Clinic	NS	0.5	NS	0.7	NS	0.5	NS	0.9	NS	0.7	NS	0.8
Bldg. 490 Block 11	NS	0.4	NS	0.3	NS	0.5	NS	0.6	NS	0.4	NS	0.5
Bldg. 490 Block 1 ACF	0.3	NS	0.4	NS	0.5	NS	0.6	NS	1.1	NS	0.9	NS
Bldg. 490 Block 4 MRC	0.4	NS	0.6	NS	0.5	NS	0.7	NS	0.6	NS	1.1	NS
Monthly Average	0.5	0.4	0.6	0.6	0.6	0.8	0.6	0.6	0.7	0.6	0.8	0.6

NA - Not Applicable

NS- Not Scheduled for sampling

Running Annual Average (mg/L) 0.6 (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 : Bob Lee

Federal ID 5111891

Collected : 11/9/2007 9:05:00 AM Point No : 094-273

Received : 11/9/2007 3:00:00 PM Location : B-49 Water Tower

Collected By : CLIENT

Copy : ORIGINAL

CC

LABORATORY RESULTS

Lab No. : 0712914-001A

Client ID. : 23391-001

Sample Information

Type : Potable Water

Origin : Distribution

Routine

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		1	N/A	Negative	M9223	11/10/2007 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	11/10/2007 12:00 PM
Total Residual Chlorine	0.6		1	mg/L		M4500-Cl G	11/09/2007

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

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

D.F. = Dilution Factor

Date Reported : 12/3/2007

Joann M. Slavin

Laboratory Manager

H2M LABS, INC.

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

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

Federal ID 5111891

Collected : 11/9/2007 9:35:00 AM Point No : 076-408

Received : 11/9/2007 3:00:00 PM Location : B-640 Water Tower

Collected By : CLIENT

Copy : ORIGINAL

CC

LABORATORY RESULTS

Lab No. : 0712914-002A

Client ID. : 23391-002

Sample Information

Type : Potable Water

Origin : Distribution

Routine

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		1	N/A	Negative	M9223	11/10/2007 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	11/10/2007 12:00 PM
Total Residual Chlorine	0.7		1	mg/L		M4500-CI G	11/09/2007

Result(s) reported meet(s) Regulatory Limit(s).
 Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.
 D.F. = Dilution Factor

Date Reported : 12/3/2007

Joanna M. Slavine

Laboratory Manager

H2M LABS, INC.

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

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

Federal ID 5111891

Collected : 11/9/2007 9:25:00 AM Point No : 045-12

Received : 11/9/2007 3:00:00 PM Location : B-1005 RHIC

Collected By : CLIENT

Copy : ORIGINAL

CC

LABORATORY RESULTS

Lab No. : 0712914-004A

Client ID. : 23391-004

Sample Information

Type : Potable Water

Origin : Distribution
 Routine

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		1	N/A	Negative	M9223	11/10/2007 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	11/10/2007 12:00 PM
Total Residual Chlorine	0.3		1	mg/L		M4500-Cl G	11/09/2007

Result(s) reported meet(s) Regulatory Limit(s).
 Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.
 D.F. = Dilution Factor

Date Reported : 12/3/2007

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 : Bob Lee

LABORATORY RESULTS

Lab No. : **0712914-003A**

Client ID. : **23391-003**

Sample Information

Type : Potable Water
 Origin : Distribution
 Routine

Federal ID 5111891
 Collected : 11/9/2007 8:55:00 AM Point No : 109-19
 Received : 11/9/2007 3:00:00 PM Location : B-363 Apt. Laundry
 Collected By : CLIENT
 Copy : ORIGINAL
 CC

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		1	N/A	Negative	M9223	11/10/2007 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	11/10/2007 12:00 PM
Total Residual Chlorine	0.5		1	mg/L		M4500-Cl G	11/09/2007

Result(s) reported meet(s) Regulatory Limit(s).
 Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.
 D.F. = Dilution Factor

Date Reported : 12/3/2007

Joanna M. Slavina

Laboratory Manager

H2M LABS, INC.

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

Brookhaven National Lab.-BNLM

70 Bell Ave.

Upton, NY 11973

Attn To : Bob Lee

Federal ID 5111891

Collected : 11/9/2007 9:17:00 AM Point No : 054-187

Received : 11/9/2007 3:00:00 PM Location : B-930 LINAC

Collected By : CLIENT

Copy : ORIGINAL

CC

LABORATORY RESULTS

Lab No. : 0712914-005A

Client ID. : 23391-005

Sample Information

Type : Potable Water

Origin : Distribution

Routine

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		1	N/A	Negative	M9223	11/10/2007 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	11/10/2007 12:00 PM
Total Residual Chlorine	1.1		1	mg/L		M4500-Cl G	11/09/2007

Result(s) reported meet(s) Regulatory Limit(s).
 Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.
 D.F. = Dilution Factor

Date Reported : 12/3/2007

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 : Bob Lee

Federal ID 5111891

Collected : 11/9/2007 10:15:00 AM Point No : 084-70

Received : 11/9/2007 3:00:00 PM Location : B-490 Outpatient Clinic

Collected By : CLIENT

Copy : ORIGINAL

CC

LABORATORY RESULTS

Lab No. : 0712914-006A

Client ID. : 23391-006

Sample Information

Type : Potable Water

Origin : Distribution

Routine

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		1	N/A	Negative	M9223	11/10/2007 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	11/10/2007 12:00 PM
Total Residual Chlorine	0.8		1	mg/L		M4500-Cl G	11/09/2007

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

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

D.F. = Dilution Factor

Date Reported : 12/3/2007

Joanna M. Slavina

Laboratory Manager

H2M LABS, INC.

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

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

Federal ID : 5111891
 Collected : 11/9/2007 10:25:00 AM Point No : 084-67
 Received : 11/9/2007 3:00:00 PM Location : B-490 Block 11
 Collected By : CLIENT
 Copy : ORIGINAL
 CC

LABORATORY RESULTS

Lab No. : 0712914-007A

Client ID. : 23391-007


Sample Information

Type : Potable Water
 Origin : Distribution
 Routine

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		1	N/A	Negative	M9223	11/10/2007 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	11/10/2007 12:00 PM
Total Residual Chlorine	0.5		1	mg/L		M4500-Cl G	11/09/2007

Result(s) reported meet(s) Regulatory Limit(s).
 Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.
 D.F. = Dilution Factor

Date Reported : 12/3/2007



Laboratory Manager