



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

February 8, 2008

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 January 2008**

In accordance with the requirements of the BNL Potable Water System Sampling Plan and the 2008 SCDHS Minimum Monitoring Requirements for the BNL Potable Water Supply, included please find the following attachments for your records:

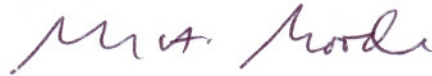
- Attachment I: BNL Potable Water Monthly Operational Data for January.
- Attachment II: January 2008 Biweekly Water Quality Monitoring Data for the BNL Distribution System and Potable Water Wells.
- Attachment III: January 2008 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data and Bacteriological Analyses for the BNL Distribution System.
- Attachment IV: 2008 First Quarter Bacteriological Analyses for the BNL Potable Water Wells and GAC/Air Stripper Treatment Systems.

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.



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/RJL:jlh

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.08

**ATTACHMENT I**

**Brookhaven National Laboratory**

**Potable Water Supply**

**Monthly Operational Data for January 2008**

**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	JANUARY 2008	1/31/2008	<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)						
					100					842,934	
1											
2	7+4+6	1,106	NA	NA	90	0.50	10	7.0	5.9	844,040	
3	7+4+6	683	NA	NA	85	0.72	5	7.2	5.9	844,723	
4	7+4+6	764	NA	NA	80	0.55	5	7.2	5.9	845,487	
5		-									
6		-									
7	7+4+6	1,950	NA	NA	68	0.81	12	7.2	5.5	847,437	
8	7+4+6	831	NA	NA	60+88	0.88	8	7.0	5.5	848,268	
9	7+4+6	739	NA	NA	138+52	0.81	10	6.8	5.5	849,007	
10	7+4+6	1,118	NA	NA	180	1.00	10	7.5	5.5	850,125	
11	7+4+6	699	NA	NA	170	1.00	10	7.0	5.6	850,824	
12		-									
13		-									
14	7+4+6	1,921	NA	NA	145	0.87	25	7.0	5.5	852,745	
15	7+4+6	567	NA	NA	140	1.00	5	7.1	5.6	853,312	
16	7+4+6	658	NA	NA	130	0.78	10	7.2	5.7	853,970	
17	7+4+6	629	NA	NA	120	1.00	10	7.8	6.0	854,599	
18	7+4+6	758	NA	NA	110	1.00	10	7.4	5.9	855,357	
19	7+4+6	723	NA	NA	100	0.70	10	7.1	5.9	856,080	
20		-									
21		-									
22	7+4+6	3,091	NA	NA	80+110	0.65	20	7.0	6.0	859,171	
23	7+4+6	1,215	NA	NA	180	0.83	10	7.1	6.0	860,386	
24	7+4+6	888	NA	NA	173	0.65	7	7.0	6.0	861,274	
25	7+4+6	922	NA	NA	170	0.60	3	7.2	6.0	862,196	
26		-									
27		-									
28	7+4+6	2,872	NA	NA	168	0.63	22	7.0	5.9	865,068	
29	7+4+6	1,168	NA	NA	158	0.81	10	7.1	5.7	866,236	
30	7+4+6	1,285	NA	NA	148	0.96	10	7.0	5.8	867,521	
31	7+4+6	1,320	NA	NA	139	0.76	9	7.1	5.8	868,841	
<b>Total</b>		25,907	DAYS	31			231				
<b>AVG.</b>		863.57				0.80	10.5				

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: 2-7-08 Operator Grade Level 1A-SW/GUI



Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	JANUARY 2008	1/31/2008	<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				Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	Other Treatments / Readings	Daily Totalizer
			Gaseous		Liquid					
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					132				1,770,219	
1		-	NA	NA						
2	4	73	NA	NA	132	0.07			1,770,292	
3	4	-	NA	NA	132				1,770,292	
4	4	50	NA	NA	129	0.07	3		1,770,342	
5		-								
6		-								
7	4		NA	NA	129				1,770,371	
8	4	238	NA	NA	129				1,770,609	
9	4	290	NA	NA	120+30	0.23	9		1,770,899	
10	4	573	NA	NA	141	0.01	9		1,771,472	
11	4	155	NA	NA	138	0.19	3		1,771,627	
12		-								
13		-								
14	4	500	NA	NA	129	0.08	11		1,772,127	
15	4	110	NA	NA	129	0.07			1,772,237	
16	4	193	NA	NA	126+24=150	0.07	3		1,772,430	
17	4	92	NA	NA	147	0.50	3		1,772,522	
18	4	148	NA	NA	144	0.30	3		1,772,670	
19	4	161	NA	NA	141	0.08	3		1,772,831	
20		-								
21		-								
22	4	938	NA	NA	126	0.02	15		1,773,769	
23	4	402	NA	NA	117+33	0.40	9		1,774,171	
24	4	254	NA	NA	147	0.03	3		1,774,425	
25	4	273	NA	NA	141	0.20	6		1,774,698	
26		-								
27		-								
28	4	773	NA	NA	130	0.04	11		1,775,471	
29	4	394	NA	NA	120	0.44	10		1,775,865	
30	4	1,033	NA	NA	105	0.13	15		1,776,898	
31	4	1,117	NA	NA	82	0.05	23		1,778,015	
<b>Total</b>		7,767	DAYS	31			139			
<b>AVG.</b>		258.90				0.15	8.18			

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: 2-7-08 Operator Grade Level: 1A-SW/GUI



Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	JANUARY 2008	1/31/2008	<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)	Hypochlorite used/day	Other Treatments / Readings	Daily Totalizer
			Gaseous		Liquid					
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					140				696,538	
1		-	NA	NA						
2	6	-	NA	NA	138	0.07	2		696,538	
3	6	-	NA	NA	138				696,538	
4	6	39	NA	NA	138+3	0.07			696,577	
5		-								
6		-								
7	6	21	NA	NA	141				696,598	
8	6	73	NA	NA	141				696,671	
9	6	35	NA	NA	141	0.23			696,706	
10	6	14	NA	NA	141	0.01			696,720	
11	6	80	NA	NA	141	0.19			696,800	
12		-								
13		-								
14	6	122	NA	NA	132	0.08	11		696,922	
15	6	56	NA	NA	132	0.07			696,978	
16	6	66	NA	NA	132	0.07			697,044	
17	6	22	NA	NA	129	0.5	3		697,066	
18	6	94	NA	NA	126	0.3	3		697,160	
19	6	77	NA	NA	123	0.08	3		697,237	
20		-								
21		-								
22	6	193	NA	NA	120	0.017	3		697,430	
23	6	43	NA	NA	117+33	0.4	3		697,473	
24	6	35	NA	NA	150	0.03			697,508	
25	6	19	NA	NA	150	0.2			697,527	
26		-								
27		-								
28	6	137	NA	NA	150	0.04			697,664	
29	6	63	NA	NA	141	0.44	9		697,727	
30	6	106	NA	NA	138	0.13	3		697,833	
31	6	54	NA	NA	135	0.05	3		697,887	
<b>Total</b>		1,349	DAYS	31			43			
<b>AVG.</b>		43.52				0.15	3.58			

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: 2-7-08 Operator Grade Level 1A-SW/GUI



Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	JANUARY 2008	1/31/2008	<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				Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	Other Treatments / Readings	Daily Totalizer
			Gaseous		Liquid					
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					114				2,430,946	
1		-	NA	NA						
2	7	1,344	NA	NA	90	0.07	24		2,432,290	
3	7	733	NA	NA	75	0.26	15		2,433,023	
4	7	811	NA	NA	60+60	0.07	15		2,433,834	
5		-								
6		-								
7	7	2,088	NA	NA	78		42		2,435,922	
8	7	775	NA	NA	63	0.02	15		2,436,697	
9	7	655	NA	NA	50+100	0.23	13		2,437,352	
10	7	1,065	NA	NA	135	0.01	15		2,438,417	
11	7	691	NA	NA	120	0.19	15		2,439,108	
12		-								
13		-								
14	7	1,796	NA	NA	87	0.08	33		2,440,904	
15	7	499	NA	NA	78	0.07	9		2,441,403	
16	7	636	NA	NA	63+87=150	0.07	15		2,442,039	
17	7	628	NA	NA	141	0.5	9		2,442,667	
18	7	648	NA	NA	132	0.3	9		2,443,315	
19	7	727	NA	NA	111	0.08	21		2,444,042	
20		-								
21		-								
22	7	2,765	NA	NA	57	0.017	54		2,446,807	
23	7	1,067	NA	NA	39+111	0.4	18		2,447,874	
24	7	831	NA	NA	141	0.03	9		2,448,705	
25	7	837	NA	NA	123	0.2	18		2,449,542	
26		-								
27		-								
28	7	2,728	NA	NA	65	0.04	58		2,452,270	
29	7	1,034	NA	NA	45	0.44	20		2,453,304	
30	7	525	NA	NA	40	0.13	5		2,453,829	
31	7	366	NA	NA	35	0.05	5		2,454,195	
<b>Total</b>		23,249	DAYS	31			437			
<b>AVG.</b>		749.97				0.15	19.86			

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: 2-7-08 Operator Grade Level 1A-SW/GUI



Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	JANUARY 2008	1/31/2008	<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				Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	pH Sodium Hydroxide	Other Treatments / Readings	Daily Totalizer
			Gaseous		Liquid						
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)	M/T					
1		-	NA	NA							
2	10	-	NA	NA		NR	NR	NR		772,460	
3	10	-	NA	NA		NR	NR	NR		772,460	
4	10	-	NA	NA		NR	NR	NR		772,460	
5		-									
6		-									
7	10	-	NA	NA		NR	NR	NR		772,460	
8	10	-	NA	NA		NR	NR	NR		772,460	
9	10	-	NA	NA		NR	NR	NR		772,460	
10	10	-	NA	NA		NR	NR	NR		772,460	
11	10	-	NA	NA		NR	NR	NR		772,460	
12		-									
13		-									
14	10	-	NA	NA		NR	NR	NR		772,460	
15	10	-	NA	NA		NR	NR	NR		772,460	
16	10	-	NA	NA		NR	NR	NR		772,460	
17	10	-	NA	NA		NR	NR	NR		772,460	
18	10	-	NA	NA		NR	NR	NR		772,460	
19	10	-	NA	NA		NR	NR	NR		772,460	
20		-									
21		-									
22	10	-	NA	NA		NR	NR	NR		772,460	
23	10	-	NA	NA		NR	NR	NR		772,460	
24	10	-	NA	NA		NR	NR	NR		772,460	
25	10	-	NA	NA		NR	NR	NR		772,460	
26		-									
27		-									
28	10	-	NA	NA		NR	NR	NR		772,460	
29	10	-	NA	NA		NR	NR	NR		772,460	
30	10	-	NA	NA		NR	NR	NR		772,460	
31	10	-	NA	NA		NR	NR	NR		772,460	
<b>Total</b>		-	DAYS	31							
<b>AVG.</b>		-									

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: **2-7-08**

Operator Grade Level **1A-SW/GUI**



Public Water System Name	Reporting Month/Year	Date Report Submitted	Source Water Type(s)
Brookhaven National Laboratory	JANUARY 2008	1/31/2008	<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 Hydroxide	
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					87					741,365
1		-	NA	NA						
2	11	-	NA	NA	87	NR	NR	NR		741,365
3	11	-	NA	NA	87	NR	NR	NR		741,365
4	11	-	NA	NA	87	NR	NR	NR		741,365
5		-								
6		-								
7	11	42	NA	NA	87	NR	NR	NR		741,407
8	11	-	NA	NA	87	NR	NR	NR		741,407
9	11	-	NA	NA	87	NR	NR	NR		741,407
10	11	-	NA	NA	87	NR	NR	NR		741,407
11	11	-	NA	NA	87	NR	NR	NR		741,407
12		-								
13		-								
14	11	-	NA	NA	87	NR	NR	NR		741,407
15	11	37	NA	NA	87	NR	NR	NR		741,444
16	11	-	NA	NA	87	NR	NR	NR		741,444
17	11	-	NA	NA	87	NR	NR	NR		741,444
18	11	-	NA	NA	87	NR	NR	NR		741,444
19	11	-	NA	NA	87	NR	NR	NR		741,444
20		-								
21		-								
22	11	-	NA	NA	87	NR	NR	NR		741,444
23	11	-	NA	NA	87	NR	NR	NR		741,444
24	11	-	NA	NA	87	NR	NR	NR		741,444
25	11	-	NA	NA	87	NR	NR	NR		741,444
26		-								
27		-								
28	11	24	NA	NA						741,468
29	11	-	NA	NA	87	NR	NR	NR		741,468
30	11	-	NA	NA	87	NR	NR	NR		741,468
31	11	-	NA	NA	87	NR	NR	NR		741,468
<b>Total</b>		103	DAYS	31						
<b>AVG.</b>		3.32								

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: 2-7-08 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	JANUARY 2008	1/31/2008	<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 Hydroxide		
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					129				857,919	
1		-	NA	NA						
2	12	-	NA	NA	129	NR	NR	NR	857,919	
3	12	-	NA	NA	129	NR	NR	NR	857,919	
4	12	-	NA	NA	129	NR	NR	NR	857,919	
5		-	NA	NA						
6		-	NA	NA						
7	12	53	NA	NA	129	NR	NR	NR	857,972	
8	12	-	NA	NA	129	NR	NR	NR	857,972	
9	12	-	NA	NA	129	NR	NR	NR	857,972	
10	12	-	NA	NA	129	NR	NR	NR	857,972	
11	12	-	NA	NA	129	NR	NR	NR	857,972	
12		-								
13		-								
14	12	-	NA	NA	129	NR	NR	NR	857,972	
15	12	40	NA	NA	126	NR	NR	NR	858,012	
16	12	-	NA	NA	126	NR	NR	NR	858,012	
17	12	-	NA	NA	126	NR	NR	NR	858,012	
18	12	-	NA	NA	126	NR	NR	NR	858,012	
19	12	-	NA	NA	126	NR	NR	NR	858,012	
20		-								
21		-								
22	12	-	NA	NA	126	NR	NR	NR	858,012	
23	12	-	NA	NA	126	NR	NR	NR	858,012	
24	12	-	NA	NA	126	NR	NR	NR	858,012	
25	12	-	NA	NA	126	NR	NR	NR	858,012	
26		-								
27		-								
28	12	25	NA	NA	126	NR	NR	NR	858,037	
29	12	-	NA	NA	126	NR	NR	NR	858,037	
30	12	-	NA	NA	126	NR	NR	NR	858,037	
31	12	-	NA	NA	126	NR	NR	NR	858,037	
<b>Total</b>		118	DAYS	31						
<b>AVG.</b>		3.81								

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: 2-7-09 Operator Grade Level 1A-SW/GUI



Date	Well 4	Well 6	Well 7	Well10	Well11	Well12	Daily Total
1	0	0	0	0	0	0	0
2	73	0	1,344	0	0	0	1,417
3	0	0	733	0	0	0	733
4	50	39	811	0	0	0	900
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	0	21	2,088	0	42	53	2,204
8	238	73	775	0	0	0	1,086
9	290	35	655	0	0	0	980
10	573	14	1,065	0	0	0	1,652
11	155	80	691	0	0	0	926
12	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0
14	500	122	1,796	0	0	0	2,418
15	110	56	499	0	37	40	742
16	193	66	636	0	0	0	895
17	92	22	628	0	0	0	742
18	148	94	648	0	0	0	890
19	161	77	727	0	0	0	965
20	0	0	0	0	0	0	0
21	0	0	0		0	0	0
22	938	193	2,765		0	0	3,896
23	402	43	1,067	0	0	0	1,512
24	254	35	831	0	0	0	1,120
25	273	19	837	0	0	0	1,129
26	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0
28	773	137	2,728	0	24	25	3,687
29	394	63	1,034	0	0	0	1,491
30	1,033	106	525	0	0	0	1,664
31	1,117	54	366	0	0	0	1,537
Total	7,767	1,349	23,249	0	103	118	32,586

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	1,778,015	1,770,219	7,796
Well 6	697,887	696,538	1,349
Well 7	2,454,195	2,430,946	23,249
Well 10	772,460	772,460	0
Well 11	741,468	741,365	103
Well 12	858,037	857,919	118

AGS Water Supply Meter	663,037	652,959	10078.00
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	E.coli Positive <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Free Chlorine Residual (mg/l)	Population Served: <u>3,500</u>
B-49 WATER TOWER 094-273	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.52	Number of microbiological monitoring samples required: <u>4</u>
B-640 WATER TOWER 076-408	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.51	Number of microbiological monitoring samples taken: <u>18</u>
B 1005 RHIC 045-12	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.5	Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B 363 APART. LAUNDRY 109-19	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.45	If "Yes," check reason (s) below: Actual number of samples is fewer than required Did not collect/analyze repeat sample.
B-930 L I N C 054-187	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.67	Did not collect/analyze for E. coli for positive total coliform from routine/repeat
B 490 OUTPATIENT 084-70	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.5	Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B490 BLOCK 11 084-67	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.48	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).
WELL # 4 083-20	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RAW	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).
WELL # 6 093-07	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RAW	The original sample was E.coli positive and at least 1 repeat sample was positive for total
WELL # 7 092-03	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RAW	
WELL # 10 055-09	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RAW	
WELL # 11 056-19	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RAW	Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
WELL # 12 056-20	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RAW	
WTF-PACKED TOWER 073-20	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RAW	
WELL # 10 GAC FILTER 073-20	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RAW	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.
WELL # 11 GAC FILTER 056-31	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RAW	
WELL # 12 GAC FILTER 056-32	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RAW	
FIELD DUPLICATE B.-49 094-273	1/4/2008	Routine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.52	

Sample Collector(s): G. Stawski

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**

**January 2008 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**  
**January 2008**

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	1/3/08	7.2	52	167	ANR	ANR
WTP	1/8/08	7	54	106	ANR	ANR
WTP	1/10/08	7.5	56	121	ANR	ANR
WTP	1/15/08	7.1	54	167	ANR	ANR
WTP	1/17/08	7.8	51	195	ANR	ANR
WTP	1/22/08	7.1	54	159	ANR	ANR
WTP	1/24/08	7.1	53	155	ANR	ANR
WTP	1/29/08	7.1	55	171	ANR	ANR
WTP	1/31/08	7.1	56	186	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**

**January 2008 Stage 1 Disinfectants & Disinfection Byproduct Rule**

**Monitoring Data and Bacteriological Analyses for the BNL Distribution System**



**Attachment III**

**January 2008 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data**

**Table II - Maximum Residual Disinfectant Level (MRDL) Compliance**

Location	Total Residual Chlorine (mg/L)											
	Feb. 07	Mar. 07	Apr. 07	May 07	June 07	July 07	Aug. 07	Sept. 07	Oct. 07	Nov. 07	Dec. 07	Jan. 08
Bldg. 49 Water Tower	0.7	0.6	0.6	0.9	0.8	0.6	0.8	0.5	1.0	0.6	0.9	0.5
Bldg. 640 Water Tower	0.6	0.6	0.6	0.8	0.5	0.5	0.6	0.7	0.6	0.7	0.5	0.5
Bldg. 363 Apt. Laundry	0.5	0.3	0.5	0.3	0.6	0.4	0.5	0.4	0.4	0.3	0.6	0.5
Bldg. 1005 RHIC	0.7	0.6	0.6	0.9	0.5	0.5	0.5	0.5	0.6	0.5	0.7	0.5
Bldg. 930 LINAC	NS	0.8	NS	1.5	NS	0.4	NS	1.0	NS	1.1	NS	0.7
Bldg. 725 NSLS	0.8	NS	0.8	NS	0.8	NS	0.9	NS	0.7	NS	0.5	NS
Bldg. 490 Outpatient Clinic	NS	0.7	NS	0.5	NS	0.9	NS	0.7	NS	0.8	NS	0.5
Bldg. 490 Block 11	NS	0.3	NS	0.5	NS	0.6	NS	0.4	NS	0.5	NS	0.5
Bldg. 490 Block 1 ACF	0.4	NS	0.5	NS	0.6	NS	1.1	NS	0.9	NS	0.5	NS
Bldg. 490 Block 4 MRC	0.6	NS	0.5	NS	0.7	NS	0.6	NS	1.1	NS	0.9	NS
<b>Monthly Average</b>	0.6	0.6	0.6	0.8	0.6	0.6	0.7	0.6	0.8	0.6	0.7	0.5

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 : 1/4/2008 9:55:00 AM Point No : 094-273

Received : 1/4/2008 3:20:00 PM Location : B-49 Water Tower

Collected By : CLIENT

Copy : ORIGINAL

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**LABORATORY RESULTS**

Lab No. : 0801136-001A

Client ID. : 25076-001

**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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM
Total Residual Chlorine	0.5		1	mg/L		M4500-Cl G	01/04/2008

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

Date Reported : 1/22/2008

*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

**LABORATORY RESULTS**

Lab No. : 0801136-002A  
 Client ID. : 25076-002

**Sample Information**

Type : Potable Water  
 Origin : Distribution  
 Routine

Federal ID 5111891

Collected : 1/4/2008 8:55:00 AM Point No : 076-408  
 Received : 1/4/2008 3:20:00 PM Location : B-640 Water Tower

Collected By : CLIENT

Copy : ORIGINAL

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<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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM
Total Residual Chlorine	0.5		1	mg/L		M4500-Cl G	01/04/2008

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

Date Reported : 1/22/2008

*Joanna M. Alavin*

**H2M LABS, INC.**

575 Broad Hollow Road, Melville NY 11747  
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Brookhaven National Lab.-BNLM  
 70 Bell Ave.  
 Upton, NY 11973  
 Attn To : Bob Lee

**LABORATORY RESULTS**

Lab No. : 0801136-004A  
 Client ID. : 25076-004

**Sample Information**

Type : Potable Water  
 Origin : Distribution  
 Routine

Federal ID 5111891  
 Collected : 1/4/2008 9:05:00 AM Point No : 045-12  
 Received : 1/4/2008 3:20:00 PM Location : B-1005 RHIC  
 Collected By : CLIENT  
 Copy : ORIGINAL  
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<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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM
Total Residual Chlorine	0.5		1	mg/L		M4500-Cl G	01/04/2008

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

Date Reported : 1/22/2008

*Joanna 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

Federal ID 5111891

Collected : 1/4/2008 9:30:00 AM Point No : 109-19

Received : 1/4/2008 3:20:00 PM Location : B-363 Apt.Laundry

Collected By : CLIENT

Copy : ORIGINAL

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**LABORATORY RESULTS**

Lab No. : 0801136-003A

Client ID. : 25076-003

**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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM
Total Residual Chlorine	0.5		1	mg/L		M4500-Cl G	01/04/2008

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

Date Reported : 1/22/2008

*Joanna 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. : 0801136-005A

Client ID. : 25076-005

**Sample Information**

Type : Potable Water  
 Origin : Distribution  
 Routine

Federal ID 5111891

Collected : 1/4/2008 9:20:00 AM Point No : 054-187

Received : 1/4/2008 3:20:00 PM Location : B-930 LINAC

Collected By : CLIENT

Copy : ORIGINAL

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<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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM
Total Residual Chlorine	0.7		1	mg/L		M4500-Cl G	01/04/2008

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

Date Reported : 1/22/2008





# 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 : 1/4/2008 12:50:00 PM Point No : 084-70  
Received : 1/4/2008 3:20:00 PM Location : B-490 Outpatient Clinic  
Collected By : CLIENT  
Copy : ORIGINAL  
CC

## LABORATORY RESULTS

Lab No. : 0801136-006A  
Client ID. : 25076-006

### 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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM
Total Residual Chlorine	0.5		1	mg/L		M4500-Cl G	01/04/2008

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

Date Reported : 1/22/2008

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

## LABORATORY RESULTS

Lab No. : 0801136-007A  
Client ID. : 25076-007

Sample Information  
Type : Potable Water  
Origin : Distribution  
Routine

Federal ID 5111891  
Collected : 1/4/2008 1:05:00 PM Point No : 084-67  
Received : 1/4/2008 3:20:00 PM Location : B-490 Block 11  
Collected By : CLIENT  
Copy : ORIGINAL  
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<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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM
Total Residual Chlorine	0.5		1	mg/L		M4500-CI G	01/04/2008

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

Date Reported : 1/22/2008





**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 : 1/4/2008 9:55:00 AM Point No : 094-273  
 Received : 1/4/2008 3:20:00 PM Location : B-49 Water Tower

Collected By : CLIENT

Copy : ORIGINAL

CC

**LABORATORY RESULTS**

Lab No. : 0801136-017A

Client ID. : 25076-017

**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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM
Total Residual Chlorine	0.5		1	mg/L		M4500-CI G	01/04/2008

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

Date Reported : 1/22/2008

*Joann M. Slavin*

**ATTACHMENT IV**

**Brookhaven National Laboratory**

**Potable Water Supply**

**2008 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

Brookhaven National Lab.-BNLM

70 Bell Ave.

Upton, NY 11973

Attn To : Bob Lee

Federal ID 5111891

Collected : 1/4/2008 11:30:00 AM Point No : 083-20

Received : 1/4/2008 3:20:00 PM Location : Well #4 Raw

Collected By : CLIENT

Copy : ORIGINAL

CC

**LABORATORY RESULTS**

Lab No. : 0801136-009A

Client ID. : 25076-009

**Sample Information**

Type : Potable Water

Origin : Raw Well

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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM

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

Date Reported : 1/22/2008

*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

**LABORATORY RESULTS**

Lab No. : 0801136-010A

Client ID. : 25076-010

**Sample Information**

Type : Potable Water  
 Origin : Raw Well  
 Routine

Federal ID 5111891

Collected : 1/4/2008 11:10:00 AM Point No : 093-07

Received : 1/4/2008 3:20:00 PM Location : Well #6 Raw

Collected By : CLIENT

Copy : ORIGINAL

CC

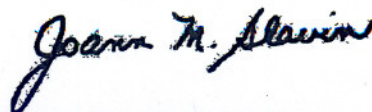
<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Method Number</u>	<u>Analyzed</u>
Total Coliform	Negative		1	N/A	Negative	M9223	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM

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

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

D.F. = Dilution Factor

Date Reported : 1/22/2008





**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 : 1/4/2008 11:04:00 AM Point No : 092-03

Received : 1/4/2008 3:20:00 PM Location : Well #7 Raw

Collected By : CLIENT

Copy : ORIGINAL

CC

**LABORATORY RESULTS**

Lab No. : 0801136-011A

Client ID. : 25076-011

**Sample Information**

Type : Potable Water

Origin : Raw Well

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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM

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

Date Reported : 1/22/2008

*Joann M. Alavin*

# 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. : 0801136-012A

Client ID. : 25076-012

### Sample Information

Type : Potable Water  
Origin : Raw Well  
Routine

Federal ID 5111891

Collected : 1/4/2008 10:50:00 AM Point No : 055-09

Received : 1/4/2008 3:20:00 PM Location : Well #10 Raw

Collected By : CLIENT

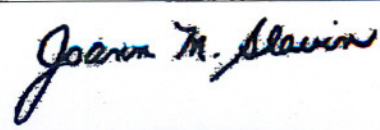
Copy : ORIGINAL

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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM

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

Date Reported : 1/22/2008





**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 : 1/4/2008 10:40:00 AM Point No : 056-19

Received : 1/4/2008 3:20:00 PM Location : Well #11 Raw

Collected By : CLIENT

Copy : ORIGINAL

CC

**LABORATORY RESULTS**

Lab No. : 0801136-013A

Client ID. : 25076-013

**Sample Information**

Type : Potable Water

Origin : Raw Well

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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM

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

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

D.F. = Dilution Factor

Date Reported : 1/22/2008

*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 : 1/4/2008 10:25:00 AM Point No : 056-20

Received : 1/4/2008 3:20:00 PM Location : Well #12 Raw

Collected By : CLIENT

Copy : ORIGINAL

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**LABORATORY RESULTS**

Lab No. : 0801136-014A

Client ID. : 25076-014

**Sample Information**

Type : Potable Water

Origin : Raw Well

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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM

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

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

D.F. = Dilution Factor

Date Reported : 1/22/2008

*Jocelyn 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 : 1/4/2008 11:35:00 AM Point No : 073-20

Received : 1/4/2008 3:20:00 PM Location : Wtf Packed Tower 648

Collected By : CLIENT

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**LABORATORY RESULTS**

Lab No. : 0801136-015A

Client ID. : 25076-015

**Sample Information**

Type : Potable Water

Origin : Treated Well

Routine

Treatment

<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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM

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

Date Reported : 1/22/2008

*Joanna M. Blawie*

**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 : 1/4/2008 10:50:00 AM Point No : 055-36

Received : 1/4/2008 3:20:00 PM Location : Well #10 Gac Filter 654

Collected By : CLIENT

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**LABORATORY RESULTS**

Lab No. : 0801136-018A

Client ID. : 25076-018

**Sample Information**

Type : Potable Water

Origin : Treated Well

Routine

Treatment

<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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM

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

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

D.F. = Dilution Factor

Date Reported : 1/22/2008

*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 : 1/4/2008 10:40:00 AM Point No : 056-31

Received : 1/4/2008 3:20:00 PM Location : Well #11 Gac Filter 655

Collected By : CLIENT

Copy : ORIGINAL

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**LABORATORY RESULTS**

Lab No. : 0801136-019A

Client ID. : 25076-019

**Sample Information**

Type : Potable Water

Origin : Treated Well

Routine

Treatment

<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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM

Result(s) reported meet(s) Regulatory Limit(s).  
 Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.  
 D.F. = Dilution Factor  
 Date Reported : 1/22/2008

*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 : 1/4/2008 10:25:00 AM Point No : 056-32

Received : 1/4/2008 3:20:00 PM Location : Well #12 Gac Filter 657

Collected By : CLIENT

Copy : ORIGINAL

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**LABORATORY RESULTS**

Lab No. : 0801136-020A

Client ID. : 25076-020

**Sample Information**

Type : Potable Water

Origin : Treated Well

Routine

Treatment

<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	01/05/2008 11:30 AM
E_Coliform	Absent		1	N/A	Absent	M9223	01/05/2008 11:30 AM

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

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

D.F. = Dilution Factor

Date Reported : 1/22/2008

*Joann M. Alavin*