

BROOKHAVEN
NATIONAL LABORATORY

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

June 10, 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 May 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 May.
- Attachment II: May 2008 Biweekly Water Quality Monitoring Data for the BNL Distribution System and Potable Water Wells.
- Attachment III: May 2008 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data and Bacteriological Analyses for the BNL Distribution System.

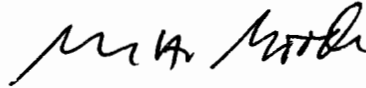
Collection and analysis of these samples is performed in accordance with the guidelines of the BNL Quality Assurance program, the SCDHS Community Water Supply Monitoring Requirements, and the BNL Potable Water System Sampling Plan. Plant Engineering Division personnel using standard operating procedures 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 and review of the analytical data shows that BNL's potable water system complied with all drinking water requirements during this reporting period.



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/RJL:jlh

Attachments: As noted

cc:	L. Ambroszkiewicz, SCDHS	w/attachments
	W. Chaloupka	w/attachments
	G. Granzen	w/attachments
	G. Goode	w/o attachments
	J. Higbie	w/attachments
	R. Lee	w/attachments
	E. Murphy	w/attachments
	C. Parnell	w/o 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 May 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 Brookhaven National Laboratory	Reporting Month/Year MAY 2008	Date Report Submitted 5/30/2008	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID 5111891	County Suffolk	Town, Village, or City Upton, New York 11973	<input type="checkbox"/> Purchase with subsequent chlorination <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				
			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)	Daily Totalizer
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)						
					90					959,625	
1	7+4+6	536	NA	NA	85	1.20	5	7.4	5.7	960,161	
2	7+4+6	487	NA	NA	80	0.81	5	7.3	5.9	960,648	
3		-	NA	NA							
4		-	NA	NA							
5	7+4+6	1,228	NA	NA	65	1.10	15	7.4	5.7	961,876	
6	7+4+6	490	NA	NA	60	0.73	5	7.4	5.6	962,366	
7	7+4+6	496	NA	NA	55	0.61	5	7.6	5.6	962,862	
8	7+4+6	508	NA	NA	185	0.06	5	7.6	5.6	963,370	
9	7+4+6	501	NA	NA	180	0.05	5	7.5	5.6	963,871	
10		-	NA	NA							
11		-	NA	NA							
12	7+4+6	1,155	NA	NA	165	0.16	15	7.6	5.8	965,026	
13	7+4+6	486	NA	NA	160	0.04	5	7.5	5.6	965,512	
14	7+4+6	471	NA	NA	155	0.05	5	7.5	5.7	965,983	
15	7+4+6	515	NA	NA	150	0.06	5	7.5	5.6	966,498	
16	7+4+6	607	NA	NA	145+45	0.05	5	7.5	5.6	967,105	
17		-	NA	NA							
18		-	NA	NA							
19	7+4+6	1,268	NA	NA	180	0.83	10	7.4	5.9	968,373	
20	7+4+6	459	NA	NA	175	0.03	5	7.3	5.9	968,832	
21	7+4+6	431	NA	NA	170	0.03	5	7.2	5.9	969,263	
22	7+4+6	445	NA	NA	165	0.08	5	7.5	5.9	969,708	
23	7+6+4	418	NA	NA	160	0.06	5	7.2	5.7	970,126	
24		-	NA	NA							
25		-	NA	NA							
26	7+4+6	1,193	NA	NA	150	0.11	10	7.3	5.9	971,319	
27	7+4+6	423	NA	NA	143	0.31	7	7.4	5.9	971,742	
28	7+4+6	562	NA	NA	140	0.02	3	7.4	6.0	972,304	
29	7+4+6	460	NA	NA	133	0.21	7	7.4	5.9	972,764	
30	7+4+6	499	NA	NA	125	0.12	8	7.4	5.9	973,263	
31		-	NA	NA							
Total		13,638	DAYS	31			145				
AVG.		439.94					6.59				

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: 6-3-08 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		MAY / 2008		5/31/2008		<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination			
Public Water System ID		County		Town/Village/City					
5111891		Suffolk		Upton, New York 11973					
DATE	Source(s) in Use Well No.: 4	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings		Daily Totalizer
			Gaseous Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Liquid Hypochlorite (gallons Hypochlorite in Tank)	Free chlorine residual at entry point (mg/l)	Hypochlorite used/day		
					123				1,818,713
1	4	174	NA	NA	120+30	0.09	3		1,818,887
2	4	520	NA	NA	144	0.13	6		1,819,407
3		-	NA	NA					
4		-	NA	NA					
5	4	106	NA	NA	141	0.10	3		1,819,513
6	4	116	NA	NA	138	0.08	3		1,819,629
7	4	116	NA	NA	135	0.08	3		1,819,745
8	4	158	NA	NA	132	0.06	3		1,819,903
9	4	35	NA	NA	132	0.05			1,819,938
10		-	NA	NA					
11		-	NA	NA					
12	4	143	NA	NA	129	0.16	3		1,820,081
13	4	42	NA	NA	128	0.04	1		1,820,123
14	4	93	NA	NA	125	0.05	3		1,820,216
15	4	46	NA	NA	125	0.06			1,820,262
16	4	106	NA	NA	125	0.05			1,820,368
17		-	NA	NA					
18		-	NA	NA					
19	4	183	NA	NA	123	0.27	2		1,820,551
20	4	44	NA	NA	123	0.30			1,820,595
21	4	66	NA	NA	120	0.03	3		1,820,661
22	4	35	NA	NA	120+30=150	0.06			1,820,696
23	4	33	NA	NA	150	0.07			1,820,729
24		-	NA	NA					
25		-	NA	NA					
26	4	78	NA	NA	150	0.02			1,820,807
27	4	31	NA	NA	150	0.31			1,820,838
28	4	109	NA	NA	150	0.23			1,820,947
29	4	80	NA	NA	150	0.21			1,821,027
30	4	42	NA	NA	144	0.17	6		1,821,069
31		-	NA	NA					
Total		2,356	DAYS	31			39		
AVG.		76.00				0.12	3.0		

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

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

Signature: *Lowell Ross* Date: 6-3-08 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 Brookhaven National Laboratory	Reporting Month/Year MAY 2008	Date Report Submitted 5/31/2008	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID 5111891	County Suffolk	Town, Village, or City Upton, New York 11973	<input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination

DATE	Source(s) in Use Well No.: 6	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)					
					140					702,113
1	6	-	NA	NA	140	0.09				702,113
2	6	45	NA	NA	140	0.13				702,158
3		-	NA	NA						
4		-	NA	NA						
5	6	27	NA	NA	138	0.10	2			702,185
6	6	-	NA	NA	138	0.08				702,185
7	6	86	NA	NA	135	0.08	3			702,271
8	6	32	NA	NA	135	0.06				702,303
9	6	-	NA	NA	135	0.05				702,303
10		-	NA	NA						
11		-	NA	NA						
12	6	50	NA	NA	135	0.16				702,353
13	6	3	NA	NA	132	0.04	3			702,356
14	6	57	NA	NA	132	0.05				702,413
15	6	-	NA	NA	132	0.06				702,413
16	6	-	NA	NA	132	0.05				702,413
17		-	NA	NA						
18		-	NA	NA						
19	6	54	NA	NA	132	0.11				702,467
20	6	-	NA	NA	132	0.08				702,467
21	6	28	NA	NA	132	0.04				702,495
22	6	25	NA	NA	130+20=150	0.08	2			702,520
23	6	24	NA	NA	150	0.06				702,544
24		-	NA	NA						
25		-	NA	NA						
26	6	25	NA	NA	150	0.11				702,569
27	6	22	NA	NA	150	0.31				702,591
28	6	42	NA	NA	150	0.23				702,633
29	6	60	NA	NA	150	0.21				702,693
30	6	-	NA	NA	150	0.17				702,693
31		-	NA	NA						
Total		580	DAYS	31			10			
AVG.		18.71				0.11	2.0			

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: 6-3-08 Operator Grade Level: 1A-SW/GUI

Public Water System Name Brookhaven National Laboratory	Reporting Month/Year MAY 2008	Date Report Submitted 5/31/2008	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID 5111891	County Suffolk	Town/Village/City Upton, New York 11973	<input type="checkbox"/> Purchase with subsequent chlorination <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)					
					48					2,518,834
1	7	594	NA	NA	40+110	0.09	8			2,519,428
2	7	88	NA	NA	143	0.13	7			2,519,516
3		-	NA	NA						
4		-	NA	NA						
5	7	1,379	NA	NA	126	0.10	17			2,520,895
6	7	526	NA	NA	117	0.08	9			2,521,421
7	7	479	NA	NA	111	0.08	6			2,521,900
8	7	507	NA	NA	102	0.06	9			2,522,407
9	7	543	NA	NA	93+57=150	0.05	9			2,522,950
10		-	NA	NA						
11		-	NA	NA						
12	7	1,390	NA	NA	123	0.16	27			2,524,340
13	7	522	NA	NA	116	0.04	7			2,524,862
14	7	563	NA	NA	105	0.05	11			2,525,425
15	7	613	NA	NA	95	0.06	10			2,526,038
16	7	609	NA	NA	83+61	0.05	12			2,526,647
17		-	NA	NA						
18		-	NA	NA						
19	7	1,356	NA	NA	129	0.27	15			2,528,003
20	7	504	NA	NA	123	0.30	6			2,528,507
21	7	430	NA	NA	114	0.03	7			2,528,937
22	7	473	NA	NA	105+45=150	0.08	9			2,529,410
23	7	483	NA	NA	145	0.06	5			2,529,893
24		-	NA	NA						
25		-	NA	NA						
26	7	1,387	NA	NA	120	0.11	25			2,531,280
27	7	513	NA	NA	108	0.31	12			2,531,793
28	7	538	NA	NA	99	0.23	9			2,532,331
29	7	480	NA	NA	93	0.21	6			2,532,811
30	7	511	NA	NA	78	0.17	5			2,533,322
31		-	NA	NA						
Total		14,488	DAYS	31	2047		231			
AVG.		467.35				0.12	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: 6-3-08 Operator Grade Level: 1A-SW/GUI

NEW YORK STATE DEPARTMENT OF HEALTH

Water Systems Operation Report

Bureau of Water Supply Protection

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		MAY 2008		5/31/2008		<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination			
Public Water System ID		County		Town/Village or City					
5111891		Suffolk		Upton, New York 11973					
DATE	Source(s) in Use Well No.: 10	Treated water volume (1,000 gallons/day)	Chlorination			Other Treatments / Readings			Daily Totalizer
			Gaseous Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Liquid Hypochlorite (gallons Hypochlorite in Tank)	Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	pH Sodium Hydroxide	
									772,460
1	10	-	NA	NA		NR	NR	NR	772,460
2	10	-	NA	NA		NR	NR	NR	772,460
3		-	NA	NA					
4		-	NA	NA					
5	10	-	NA	NA		NR	NR	NR	772,460
6	10	-	NA	NA		NR	NR	NR	772,460
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		-	NA	NA					
11		-	NA	NA					
12	10	-	NA	NA		NR	NR	NR	772,460
13	10	-	NA	NA		NR	NR	NR	772,460
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		-	NA	NA					
18		-	NA	NA					
19	10	-	NA	NA		NR	NR	NR	772,460
20	10	-	NA	NA		NR	NR	NR	772,460
21	10	-	NA	NA		NR	NR	NR	772,460
22	10	-	NA	NA		NR	NR	NR	772,460
23	10	-	NA	NA		NR	NR	NR	772,460
24		-	NA	NA					
25		-	NA	NA					
26	10	-	NA	NA		NR	NR	NR	772,460
27	10	-	NA	NA		NR	NR	NR	772,460
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		-	NA	NA					
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: *Lowell Ross* Date: 6-3-08 Operator Grade Level: 1A-SW/GUI

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

Water Systems Operation Report

Well No. 11 - Direct Supply to Distribution System

Public Water System Name		Reporting Month/Year		Date Report Submitted		Source Water Type(s)			
Brookhaven National Laboratory		MAY 2008		5/31/2008		<input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI <input type="checkbox"/> Purchase with subsequent chlorination <input type="checkbox"/> Purchase w/out subsequent chlorination			
Public Water System ID		County		Town, Village, or City					
5111891		Suffolk		Upton, New York 11973					
DATE	Source(s) in Use Well No.: 11	Treated water volume (1,000 gallons/day)	Chlorination				Other Treatments / Readings		
			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)							
					150				741,774
1	11	-	NA	NA	150	NR	NR	NR	741,774
2	11	-	NA	NA	150	NR	NR	NR	741,774
3		-	NA	NA					
4		-	NA	NA					
5	11	-	NA	NA	150	NR	NR	NR	741,774
6	11	-	NA	NA	150	NR	NR	NR	741,774
7	11	-	NA	NA	150	NR	NR	NR	741,774
8	11	-	NA	NA	150	NR	NR	NR	741,774
9	11	-	NA	NA	150	NR	NR	NR	741,774
10		-	NA	NA					
11		-	NA	NA					
12	11	-	NA	NA	150	NR	NR	NR	741,774
13	11	-	NA	NA	150	NR	NR	NR	741,774
14	11	83	NA	NA	141	NR	9	NR	741,857
15	11	-	NA	NA	141	NR	NR	NR	741,857
16	11	-	NA	NA					
17		-	NA	NA					
18	11	-	NA	NA	141	NR	NR	NR	741,857
19	11	-	NA	NA	135	NR	NR	NR	741,857
20	11	-	NA	NA	135	NR	NR	NR	741,857
21	11	-	NA	NA	135	NR	NR	NR	741,857
22	11	-	NA	NA	135	NR	NR	NR	741,857
23	11	-	NA	NA					
24		-	NA	NA					
25	11	-	NA	NA	135	NR	NR	NR	741,857
26	11	-	NA	NA	135	NR	NR	NR	741,857
27	11	-	NA	NA	135	NR	NR	NR	741,857
28	11	-	NA	NA	135	NR	NR	NR	741,857
29	11	-	NA	NA	135	NR	NR	NR	741,857
30		-	NA	NA					
31		-	NA	NA					
Total		83	DAYS	31			9		
AVG.		2.68					9.0		

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: 6-3-08 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 Brookhaven National Laboratory	Reporting Month/Year MAY 2008	Date Report Submitted 5/31/2008	Source Water Type(s) <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Ground <input type="checkbox"/> GWUDI
Public Water System ID 5111891	County Suffolk	Town, Village, or City Upton, New York 11973	<input type="checkbox"/> Purchase with subsequent chlorination <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			
			Gaseous		Liquid	Free chlorine residual at entry point (mg/l)	Hypochlorite used/day	pH Sodium Hydroxide	Daily Totalizer	
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite (gallons Hypochlorite in Tank)					
					123					866,530
1	12	-	NA	NA	123	NR	NR	NR		866,530
2	12	-	NA	NA	123	NR	NR	NR		866,530
3		-	NA	NA						
4		-	NA	NA						
5	12	-	NA	NA	123	NR	NR	NR		866,530
6	12	-	NA	NA	123	NR	NR	NR		866,530
7	12	-	NA	NA	123	NR	NR	NR		866,530
8	12	-	NA	NA	123	NR	NR	NR		866,530
9	12	-	NA	NA	123	NR	NR	NR		866,530
10		-	NA	NA						
11		-	NA	NA						
12	12	-	NA	NA	117	NR	NR	NR		866,530
13	12	-	NA	NA	117	NR	NR	NR		866,530
14	12	-	NA	NA	117	NR	NR	NR		866,530
15	12	-	NA	NA	117	NR	NR	NR		866,530
16	12	-	NA	NA						866,530
17		-	NA	NA						
18			NA	NA						
19	12		NA	NA	117	NR	NR	NR		866,530
20	12	-	NA	NA	117	NR	NR	NR		866,530
21	12	-	NA	NA	117	NR	NR	NR		866,530
22	12	-	NA	NA	117	NR	NR	NR		866,530
23	12	-	NA	NA	117	NR	NR	NR		866,530
24		-	NA	NA						
25		-	NA	NA						
26	12	-	NA	NA	117	NR	NR	NR		866,530
27	12	-	NA	NA	117	NR	NR	NR		866,530
28	12	-	NA	NA	117	NR	NR	NR		866,530
29	12	-	NA	NA	117	NR	NR	NR		866,530
30	12	-	NA	NA	117	NR	NR	NR		866,530
31		-	NA	NA						
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: *Lowell Ross* Date: 6-3-08 Operator Grade Level 1A-SW/GUI

6/3/2008

Date	PUMP DATA				MAY		2008	Daily Total
	Well 4	Well 6	Well 7	Well10	Well11	Well12		
1	174	0	594	0	0	0	768	
2	520	45	88	0	0	0	653	
3	0	0	0	0	0	0	0	
4	0	0	0	0	0	0	0	
5	106	27	1,379	0	0	0	1,512	
6	116	0	526	0	0	0	642	
7	116	86	479	0	0	0	681	
8	158	32	507	0	0	0	697	
9	35	0	543	0	0	0	578	
10	0	0	0	0	0	0	0	
11	0	0	0	0	0	0	0	
12	143	50	1,390	0	0	0	1,583	
13	42	3	522	0	0	0	567	
14	93	57	563	0	83	0	796	
15	46	0	613	0	0	0	659	
16	106	0	609	0	0	0	715	
17	0	0	0	0	0	0	0	
18	0	0	0	0	0	0	0	
19	183	54	1,356	0	0	0	1,593	
20	44	0	504	0	0	0	548	
21	66	28	430	0	0	0	524	
22	35	25	473	0	0	0	533	
23	33	24	483	0	0	0	540	
24	0	0	0	0	0	0	0	
25	0	0	0	0	0	0	0	
26	78	25	1,387	0	0	0	1,490	
27	31	22	513	0	0	0	566	
28	109	42	538	0	0	0	689	
29	80	60	480	0	0	0	620	
30	42	0	511	0	0	0	553	
31	0	0	0	0	0	0	0	
Total	2,356	580	14,488	0	83	0	17,507	

	Totalizer This Month	Totalizer Last Month	Total(x1,000) Gallons
Well 4	1,821,069	1,818,713	2,356
Well 6	702,693	702,113	580
Well 7	2,533,322	2,518,834	14,488
Well 10	772,460	772,460	0
Well 11	741,857	741,774	83
Well 12	866,530	866,530	0

AGS Water Supply Meter	697,944	697,944	0.00
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	5/9/2008	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.85	Number of microbiological monitoring samples required: <u>4</u>
B-640 WATER TOWER 076-408	5/9/2008	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.48	Number of microbiological monitoring samples taken: <u>7</u>
B 1005 RHIC 045-12	5/9/2008	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.6	Did an M&R violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B 363 APART. LAUNDRY 109-19	5/9/2008	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.31	If "Yes," check reason (s) below: Actual number of samples is fewer than required Did not collect/analyze repeat sample.
B-930 LINAC 054-187	5/9/2008	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	Did not collect/analyze for E. coli for positive total coliform from routine/repeat
B 490 OUTPATIENT CLINIC 084-70	5/9/2008	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.77	Did an MCL violation occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B490 BLOCK 11 084-67	5/9/2008	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.71	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).
FIELD DUP. B-640 076-408	5/9/2008	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	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).
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		The original sample was E.coli positive and at least 1 repeat sample was positive for total
			<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		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		
			<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
May 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
May 2008

Sample Location	Sample Date	pH (SU)	Temperature (Degrees F)	Conductivity (µmhos)	Alkalinity (mg/L)	Calcium (mg/L)
WTP	5/1/08	7.4	55	166	ANR	ANR
WTP	5/6/08	7.4	53	184	ANR	ANR
WTP	5/8/08	7.6	54	221	ANR	ANR
WTP	5/13/08	7.5	59	297	ANR	ANR
WTP	5/15/08	7.5	57	273	ANR	ANR
WTP	5/20/08	7.3	57	166	ANR	ANR
WTP	5/22/08	7.5	56	167	ANR	ANR
WTP	5/27/08	7.4	56	173	ANR	ANR
WTP	5/29/08	7.4	57	170	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

May 2008 Stage 1 Disinfectants & Disinfection Byproduct Rule

Monitoring Data and Bacteriological Analyses for the BNL Distribution System

Attachment III

**May 2008 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data
Table II - Maximum Residual Disinfectant Level (MRDL) Compliance**

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

NA - Not Applicable

NS- Not Scheduled for sampling

**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 : Bob Lee

Federal ID 5111891

Collected : 5/9/2008 10:10:00 AM Point No : 094-273

Received : 5/9/2008 3:05:00 PM Location : B-49 Water Tower

Collected By : CLIENT

Copy : ORIGINAL

CC

LABORATORY RESULTS

Lab No. : 0805697-001A

Client ID. : 25081-001

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	05/10/2008 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	05/10/2008 12:00 PM
Residual Chlorine	0.8		1	mg/L		M4500-C1 G	05/09/2008

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

Date Reported : 5/21/2008

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 : 5/9/2008 8:35:00 AM Point No : 076-408
 Received : 5/9/2008 3:05:00 PM Location : B-640 Water Tower
 Collected By : CLIENT
 Copy : ORIGINAL
 CC

LABORATORY RESULTS

Lab No. : 0805697-002A

Client ID. : 25081-002

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	05/10/2008 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	05/10/2008 12:00 PM
Residual Chlorine	0.5		1	mg/L		M4500-CI G	05/09/2008

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

Date Reported : 5/21/2008

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. : 0805697-003A

Client ID. : 25081-003

Sample Information

Type : Potable Water
 Origin : Distribution
 Routine

Federal ID 5111891

Collected : 5/8/2008 8:50:00 AM Point No : 045-12

Received : 5/9/2008 3:05:00 PM Location : B-1005 RHIC

Collected By : CLIENT

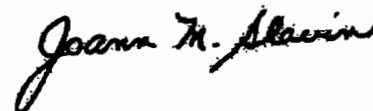
Copy : ORIGINAL

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	05/10/2008 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	05/10/2008 12:00 PM
Residual Chlorine	0.6		1	mg/L		M4500-CI G	05/09/2008

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

Date Reported : 5/21/2008



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

Federal ID 5111891
 Collected : 5/9/2008 8:15:00 AM Point No : 109-19
 Received : 5/9/2008 3:05:00 PM Location : B-363 Apt.Laundry
 Collected By : CLIENT
 Copy : ORIGINAL
 CC

LABORATORY RESULTS

Lab No. : 0805697-004A

Client ID. : 25081-004

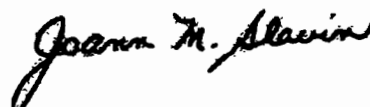
Sample Information

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	05/10/2008 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	05/10/2008 12:00 PM
Residual Chlorine	0.3		1	mg/L		M4500-Cl G	05/09/2008

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

Date Reported : 5/21/2008



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

LABORATORY RESULTS

Lab No. : 0805697-005A
 Client ID. : 25081-005

Sample Information

Type : Potable Water
 Origin : Distribution
 Routine

Federal ID 5111891
 Collected : 5/9/2008 9:05:00 AM Point No : 054-187
 Received : 5/9/2008 3:05:00 PM Location : B-930 LINAC
 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	05/10/2008 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	05/10/2008 12:00 PM
Residual Chlorine	1.0		1	mg/L		M4500-Cl G	05/09/2008

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

Date Reported : 5/21/2008

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

Federal ID 5111891

Collected : 5/9/2008 10:20:00 AM Point No : 084-70

Received : 5/9/2008 3:05:00 PM Location : B-490 Outpatient Clinic

Collected By : CLIENT

Copy : ORIGINAL

CC

LABORATORY RESULTS

Lab No. : 0805697-006A

Client ID. : 25081-006

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	05/10/2008 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	05/10/2008 12:00 PM
Residual Chlorine	0.8		1	mg/L		M4500-Cl G	05/09/2008

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

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

D.F. = Dilution Factor

Date Reported : 5/21/2008

Joann M. Alawin

H2M LABS, INC.

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

Sample Information

Type : Potable Water
 Origin : Distribution
 Routine

LABORATORY RESULTS

Brookhaven National Lab.-BNLM

70 Bell Ave.

Upton, NY 11973

Attn To : Bob Lee

Lab No. : 0805697-007A

Client ID. : 25081-007

Federal ID 5111891

Collected : 5/9/2008 10:35:00 AM Point No : 084-67

Received : 5/9/2008 3:05:00 PM Location : B-490 Block 11

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	05/10/2008 12:00 PM
E_Coliform	Absent		1	N/A	Absent	M9223	05/10/2008 12:00 PM
Residual Chlorine	0.7		1	mg/L		M4500-Cl G	05/09/2008

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

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

D.F. = Dilution Factor

Date Reported : 5/21/2008

Joann M. Slavina



**Environmental & Waste
Management Services Division**

81 Cornell Avenue, Bldg. 120
Upton, NY 11973



FACSIMILE TRANSMITTAL SHEET

Fax #: 631-344-6079

Date:	June 10, 2008
To:	Ms. Kathleen Newcomer
Company:	Suffolk County Department of Health Services
Fax #:	631-852-5787
From:	Jennifer Higbie
Phone Ext.:	631-344-5919 (or email: Higbie@bnl.gov)

Number of Pages (including cover sheet):	
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Comments:

Attached is a letter from George Goode with the Subject: Monthly Water Treatment Plant reports for May 2008.

Included with the letter are

Attachment I: BNL Potable Water Supply Operational Data for May

and

Attachment III: May 2008 Stage 1 Disinfectants & Disinfection Byproduct Rule Monitoring Data and Bacteriological Analyses for the BNL Distribution System

**EXPLORING EARTH'S MYSTERIES
...PROTECTING ITS FUTURE**

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1205
 CONNECTION TEL 98525787
 CONNECTION ID
 ST. TIME 06/10 11:06
 USAGE T 08'12
 PGS. SENT 22
 RESULT OK



81 Cornell Avenue, Bldg. 120
 Upton, NY 11973

BROOKHAVEN
 NATIONAL LABORATORY

FACSIMILE TRANSMITTAL SHEET

Fax #: 631-344-6079

Date:	June 10, 2008
To:	Ms. Kathleen Newcomer
Company:	Suffolk County Department of Health Services
Fax #:	631-852-5787
From:	Jennifer Higble
Phone Ext.:	631-344-5919 (or email: Higbie@bnl.gov)

Number of Pages (including cover sheet):	
--	--

Comments:
<p>Attached is a letter from George Goode with the Subject: Monthly Water Treatment Plant reports for May 2008.</p> <p>Included with the letter are</p> <p>Attachment I: BNL Potable Water Supply Operational Data for May</p> <p>and</p> <p>Attachment III: May 2008 Stage 1 Disinfectants & Disinfection Byproduct Rule</p>