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Laboratory Results

Results for the samples and analytes requested
 The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests requested.

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946
Attn To : Rob King
 Federal ID : 5103704

Lab Project No. : 7045569

Received :03/16/2018 3:30
 Sample Type :Drinking Water

Date Reported:03/19/2018

Lab Number	Location	Collected	Units	E.coli	Total Coliforms	Field Residual Chlorine
			Method	N/A	N/A	mg/L
			Limits	SM22 9223B Colilert	SM22 9223B Colilert	
7045569001	HB12	3/16/2018 7:40:00		Absent	Absent	4
Routine	M. Layburn	Collected by: CLIENT	Analysis Time	3/17/2018 8:10:00 AM	3/17/2018 8:10:00 AM	3/16/2018 7:40:00 AM
Distribution	Squires Pond Rd.					
7045569002	HB13	3/16/2018 7:55:00		Absent	Absent	0.31
Routine	H.B. Bagel	Collected by: CLIENT	Analysis Time	3/17/2018 8:10:00 AM	3/17/2018 8:10:00 AM	3/16/2018 7:55:00 AM
Distribution	W. Montauk Hwy.					
7045569003	HB28	3/16/2018 8:10:00		Absent	Absent	0.92
Routine	Huebner	Collected by: CLIENT	Analysis Time	3/17/2018 8:10:00 AM	3/17/2018 8:10:00 AM	3/16/2018 8:10:00 AM
Distribution	Oakwood Rd.					
7045569004	HB29	3/16/2018 8:25:00		Absent	Absent	0.46
Routine	McFarland	Collected by: CLIENT	Analysis Time	3/17/2018 8:10:00 AM	3/17/2018 8:10:00 AM	3/16/2018 8:25:00 AM
Distribution	Ridgewood La.					
7045569005	HB16	3/16/2018 8:40:00		Absent	Absent	0.55
Routine	Spellman's Marine	Collected by: CLIENT	Analysis Time	3/17/2018 8:10:00 AM	3/17/2018 8:10:00 AM	3/16/2018 8:40:00 AM
Distribution	Rampasture Rd.					
7045569006		3/16/2018 8:55:00		Absent	Absent	0.54
		Collected by: CLIENT	Analysis Time	3/17/2018 8:10:00 AM	3/17/2018 8:10:00 AM	3/16/2018 8:55:00 AM

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

Treatments	
A = Air Stripper Tower	G = Granular Activated
FM = Iron/Manganese Removal	
N = Nitrate Removal	O = Other

Test results meet the requirements of NELAC unless otherwise noted.

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Stu Murrell
 Stu Murrell



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Lab Project No. : 7045569

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 Sample Type :Drinking Water

Date Reported:03/19/2018

Lab Number	Location	Collected	E.coli		Total Coliforms	Field Residual Chlorine
			Units	Method	mg/L	
7045569007	HB25 Routine Distribution K. Springer Maple Ave.	3/16/2018 9:11:00 Collected by: CLIENT	N/A	SM22 9223B Colilert	N/A	4
			Absent	Absent	Absent	0.46
			Analysis Time	3/17/2018 8:10:00 AM	3/17/2018 8:10:00 AM	3/16/2018 9:11:00 AM
7045569008	HB19 Routine Distribution J. Warner Canoe PI Rd.	3/16/2018 9:30:00 Collected by: CLIENT	N/A	SM22 9223B Colilert	N/A	4
			Absent	Absent	Absent	0.82
			Analysis Time	3/17/2018 8:10:00 AM	3/17/2018 8:10:00 AM	3/16/2018 9:30:00 AM
7045569009	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	3/16/2018 10:15:00 Collected by: CLIENT	N/A	SM22 9223B Colilert	N/A	4
			Absent	Absent	Absent	0.99
			Analysis Time	3/17/2018 8:10:00 AM	3/17/2018 8:10:00 AM	3/16/2018 10:15:00
7045569010	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	3/16/2018 9:50:00 Collected by: CLIENT	N/A	SM22 9223B Colilert	N/A	4
			Absent	Absent	Absent	0.51
			Analysis Time	3/17/2018 8:10:00 AM	3/17/2018 8:10:00 AM	3/16/2018 9:50:00 AM

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

Treatments	
A = Air Stripper Tower	G = Granular Activated
FM = Iron/Manganese Removal	
N = Nitrate Removal	O = Other

Test results meet the requirements of NELAC unless otherwise noted.

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575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
www.pacelabs.com

WorkOrder :

7045569

Laboratory Certifications

Long Island Certification IDs

575 Broad Hollow Rd, Melville, NY 11747
New York Certification #: 10478 Primary Accrediting Body
New Jersey Certification #: NY158
Pennsylvania Certification #: 68-00350
Connecticut Certification #: PH-0435
Maryland Certification #: 208
Rhode Island Certification #: LAO00340
Massachusetts Certification #: M-NY026
New Hampshire Certification #: 2987

WO# : 7045569



1747
6

Sample Request Form PUBLIC WATER SUPPLIER

Date: 7-16-18

Collected By: K. TUSTINE / W Booth

Accepted By: [Signature]

Cooler Temp: 2.6 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Back 1530

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT
 Address: P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946
(631) 728-0179

Phone #: _____
 Attn: _____
 Proj. # or (Name): _____
 Bill To: _____
 Copies To: _____

Sample Info:

Sample Types	Purpose	Origin	Treatment Types
PW - Potable Water	RO - Routine	D - Distribution	AST - Air Stripper
GW - Groundwater	RE - Resample	RW - Raw Well	GAC - Granular Activated Charcoal
SW - Surface Water	S - Special	TW - Treated Well	N - Nitrate Removal Plant
WW - Waste Water		T - Tank	FE - Iron Removal Plant
AQ - Aqueous		MW - Monitoring Well	O - Other
S - Soil		I - Influent	
		E - Effluent	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
3-16-18 7:40AM	PW	#12	D	-	RO	.31	7.92	BACT w/Cl ₂	001
3-16-18 7:55AM	PW	#13	D	-	RO	.92	7.01	BACT w/Cl ₂	002
3-16-18 8:10AM	PW	#28	D	-	RO	.46	7.02	BACT w/Cl ₂	003
3-16-18 8:25AM	PW	#29	D	-	RO	.55	7.04	BACT w/Cl ₂	004
3-16-18 8:40AM	PW	#16	D	-	RO	.54	7.01	BACT w/Cl ₂	005
3-16-18 8:55AM	PW	#31	D	-	RO	.87	7.03	BACT w/Cl ₂	006
3-16-18 9:11AM	PW	#25	D	-	RO	.46	7.04	BACT w/Cl ₂	007
3-16-18 9:30AM	PW	#19	D	-	RO	.82	7.01	BACT w/Cl ₂	008
3-16-18 10:55AM	PW	#21	D	-	RO	.99	7.08	BACT w/Cl ₂	009
3-16-18 9:50AM	PW	#5A	D	-	RO	.51	7.04	BACT w/Cl ₂	010
3-16-18 9:00	GW	WELL 5-1	RW	-	S		6.51 / 11.6C	P.O.C.'s	

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Project **WO#: 7045569**

Courier: Fed Ex UPS USPS Client Commercial Pace Other

PM: SWM Due Date: 04/15/18
CLIENT: HBW

Tracking #: _____
Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No

Temperature Blank Present: Yes No

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Type of Ice: Wet Blue None

Thermometer Used: TH091 Correction Factor: 0

Samples on ice, cooling process has begun

Cooler Temperature (°C): 2.6 Cooler Temperature Corrected (°C): 2.6

Date/Time 5035A kits placed in freezer _____

Temp should be above freezing to 6.0°C

Date and Initials of person examining contents: Ed 3/16/18

USDA Regulated Soil (N/A, water sample)

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? YES NO

Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? Yes No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

		COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix SL WT OIL		
All containers needing preservation have been checked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #		Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, NaOH > 12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		Initial when completed: Lot # of added preservative: Date/Time preservative added
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #		Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #		
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):		

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____

