



# 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.

## Sample Information:

Type: Drinking Water  
 Origin: Distribution  
 Special

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

**Lab No. : 7065379001**  
**Client Sample ID.: REILLY 16 NORWOOD RD.**

Federal ID : 5103704  
 Collected : 09/19/2018 10:15 AM Point No:  
 Received : 09/19/2018 02:43 PM Location:  
 Collected By : CLIENT

Analytical Method: EPA 537		Prep Method: EPA 537			Prep Date: 09/25/2018 7:04 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Perfluorobutanesulfonic acid	<0.084	1j	1	ug/L		09/26/2018 12:31	001 BP2T1/1
Perfluoroheptanoic acid	<0.0094	1j	1	ug/L		09/26/2018 12:31	001 BP2T1/1
Perfluorohexanesulfonic acid	<0.028	1j	1	ug/L		09/26/2018 12:31	001 BP2T1/1
Perfluorononanoic acid	<0.019	1j	1	ug/L		09/26/2018 12:31	001 BP2T1/1
Perfluorooctanesulfonic acid	<0.038	1j	1	ug/L		09/26/2018 12:31	001 BP2T1/1
Perfluorooctanoic acid	0.0024	1j	1	ug/L		09/26/2018 12:31	001 BP2T1/1
Surr: 13C2-PFDA (S)	114%		1	%REC		09/26/2018 12:31	001 BP2T1/1
Surr: 13C2-PFHxA (S)	97%		1	%REC		09/26/2018 12:31	001 BP2T1/1

### Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.  
 ND - Not Detected at or above adjusted reporting limit.  
 J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range  
 U - Indicates the compound was analyzed for, but not detected

Stu Murrell

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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

Date Reported: 09/26/2018



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

**WorkOrder :**  
7065379

## Laboratory Certifications

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### Ormond Beach Certification IDs

8 East Tower Circle, Ormond Beach, FL 32174  
Alabama Certification #: 41320  
Connecticut Certification #: PH-0216  
Florida Certification #: E83079  
Georgia Certification #: 955  
Guam Certification: FL NELAC Reciprocity  
Hawaii Certification: FL NELAC Reciprocity  
Illinois Certification #: 200068  
Indiana Certification: FL NELAC Reciprocity  
Kansas Certification #: E-10383  
Kentucky Certification #: 90050  
Louisiana Certification #: FL NELAC Reciprocity  
Louisiana Environmental Certificate #: 05007  
Maryland Certification: #346  
Michigan Certification #: 9911  
Mississippi Certification: FL NELAC Reciprocity  
Missouri Certification #: 236  
Montana Certification #: Cert 0074  
Nebraska Certification: NE-OS-28-14  
Nevada Certification: FL NELAC Reciprocity  
New Hampshire Certification #: 2958  
New Jersey Certification #: FL022  
New York Certification #: 11608  
North Carolina Environmental Certificate #: 667  
North Carolina Certification #: 12710  
North Dakota Certification #: R-216  
Oklahoma Certification #: D9947  
Pennsylvania Certification #: 68-00547  
Puerto Rico Certification #: FL01264  
South Carolina Certification: #96042001  
Tennessee Certification #: TN02974  
Texas Certification: FL NELAC Reciprocity  
US Virgin Islands Certification: FL NELAC Reciprocity  
Virginia Environmental Certification #: 460165  
Wyoming Certification: FL NELAC Reciprocity  
West Virginia Certification #: 9962C  
Wisconsin Certification #: 399079670  
Wyoming (EPA Region 8): FL NELAC Reciprocity

WO# : 7065379



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# Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

WELL RUN TO SYSTEM

Date: 9-19-18

Collected By: W Booth

Accepted By: JB 1443

Cooler Temp: 1.6 °C

### Client Info:

Name or Code: **HAMPTON BAYS WATER DISTRICT**  
PO BOX 4013  
Address: **HAMPTON BAYS, NEW YORK 11946**  
(631) 728-0179

Phone #: \_\_\_\_\_  
Attr: \_\_\_\_\_  
Proj. # or (Name): \_\_\_\_\_  
Bill To: \_\_\_\_\_  
Copies To: \_\_\_\_\_

### Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl <sub>2</sub> pH/Temp	Analysis	Lab No.
7:50 9-19-18	GW	WELL 1-3	<del>PW</del>	-	RO	6.71 / 14.2°C	SOC'S	001
8:50 9-19-18	GW	WELL 3-1	<del>PW</del>	-	RO	6.75 / 13.7°C	SOC'S	002
9:05 9-19-18	GW	WELL 3-3	<del>PW</del>	-	RO	6.58 / 13.9°C	SOC'S	003
9:30 9-19-18	GW	WELL 4-1	<del>PW</del>	-	RO	6.63 / 13.8°C	SOC'S	
9:45 9-19-18	GW	WELL 4-2	<del>PW</del>	-	RO	6.48 / 14.4°C	SOC'S	
10:15 9-19-18	PW	Reim 16 Norwood Rd	D	-	S		PFC'S	001

Remarks:

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	



# Sample Condition Upon Receipt

Client Name: \_\_\_\_\_

Project: \_\_\_\_\_

**WO#: 7065379**

PM: SWM Due Date: 09/28/18  
CLIENT: HBW

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other

Tracking #: \_\_\_\_\_

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

Packing Material:  Bubble Wrap  Bubble Bags  Ziploc  None  Other

Thermometer Used: TH091

Correction Factor: 0.0

Cooler Temperature (°C): 1.0

Cooler Temperature Corrected (°C): 1.4

Temp should be above freezing to 6.0°C

USDA Regulated Soil (  N/A, water sample)

Date and Initials of person examining contents: 9/19 NL

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 type="checkbox"/> Yes <input checked="" 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	10.		
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 <u>WT</u> 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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <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 <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH>9 Sulfide, NaOH>12 Cyanide) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____		
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis			
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: \_\_\_\_\_