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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. : 7067454

Received :10/10/2018 4:30
 Sample Type :Drinking Water

Date Reported: 10/12/2018

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	
7067454001	HB12	10/10/2018 7:30:00		Absent	Absent	4
Routine	M. Layburn		Analysis Time	Absent	Absent	0.77
Distribution	Squires Pond Rd.	Collected by: CLIENT		10/11/2018 12:30:00	10/11/2018 12:30:00	10/10/2018 7:30:00
7067454002	HB13	10/10/2018 7:45:00		Absent	Absent	1.01
Routine	H.B. Bagel		Analysis Time	Absent	Absent	1.01
Distribution	W. Montauk Hwy.	Collected by: CLIENT		10/11/2018 12:30:00	10/11/2018 12:30:00	10/10/2018 7:45:00
7067454003	HB28	10/10/2018 8:05:00		Absent	Absent	0.74
Routine	Huebner		Analysis Time	Absent	Absent	0.74
Distribution	Oakwood Rd.	Collected by: CLIENT		10/11/2018 12:30:00	10/11/2018 12:30:00	10/10/2018 8:05:00
7067454004	HB29	10/10/2018 8:20:00		Absent	Absent	0.47
Routine	McFarland		Analysis Time	Absent	Absent	0.47
Distribution	Ridgewood La.	Collected by: CLIENT		10/11/2018 12:30:00	10/11/2018 12:30:00	10/10/2018 8:20:00
7067454005	HB16	10/10/2018 8:50:00		Absent	Absent	0.67
Routine	Spellman's Marine		Analysis Time	Absent	Absent	0.67
Distribution	Rampasture Rd.	Collected by: CLIENT		10/11/2018 12:30:00	10/11/2018 12:30:00	10/10/2018 8:50:00
7067454006	HB31	10/10/2018 9:10:00		Absent	Absent	0.54
Routine	C. Morgan		Analysis Time	Absent	Absent	0.54
Distribution		Collected by: CLIENT		10/11/2018 12:30:00	10/11/2018 12:30:00	10/10/2018 9:10:00

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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 Sample Type :Drinking Water

Date Reported: 10/12/2018

Lab Number	Location	Collected	Units		Total Coliforms		Field Residual Chlorine	
			Method	Limits	Method	Limits	mg/L	
7067454007	HB25	10/10/2018 9:25:00	SM22 9223B Colilert	Absent	SM22 9223B Colilert	Absent	4	
Routine	K. Springer	Collected by: CLIENT		Absent		Absent	0.53	
Distribution	Maple Ave.		Analysis Time	10/11/2018 12:30:00	Analysis Time	10/11/2018 12:30:00	10/10/2018 9:25:00	
7067454008	HB19	10/10/2018 8:35:00	SM22 9223B Colilert	Absent	SM22 9223B Colilert	Absent	4	
Routine	J. Warner	Collected by: CLIENT		Absent		Absent	0.54	
Distribution	Canoe PI Rd.		Analysis Time	10/11/2018 12:30:00	Analysis Time	10/11/2018 12:30:00	10/10/2018 8:35:00	
7067454009	HB21	10/10/2018 9:40:00	SM22 9223B Colilert	Absent	SM22 9223B Colilert	Absent	4	
Routine	H.B. Fire Dept.	Collected by: CLIENT		Absent		Absent	0.57	
Distribution	Montauk Hwy.		Analysis Time	10/11/2018 12:30:00	Analysis Time	10/11/2018 12:30:00	10/10/2018 9:40:00	
7067454010	HB5A	10/10/2018 10:15:00	SM22 9223B Colilert	Absent	SM22 9223B Colilert	Absent	4	
Routine	Sunday's By The Bay	Collected by: CLIENT		Absent		Absent	0.61	
Distribution	Dune Rd.		Analysis Time	10/11/2018 12:30:00	Analysis Time	10/11/2018 12:30:00	10/10/2018 10:15:00	

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 :

7067454

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#: 7067454



1747

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 10-10-18

Collected By: K. TUTHILL

WELL RUN TO SYSTEM

Client Info:

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

Cooler Temp: 3.2 °C

YES NO VOC'S PRESERVED WITH HCl
 10/10/18
 1300
 Batch 1630

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	

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

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
7:30AM 10-10-18	PW	#12	D	-	RO	.77 7.14	BACT w/ccl	
7:45AM 10-10-18	PW	#13	D	-	RO	1.01 7.37	BACT w/ccl	
8:05AM 10-10-18	PW	#28	D	-	RO	.74 7.43	BACT w/ccl	
8:20AM 10-10-18	PW	#29	D	-	RO	.47 7.44	BACT w/ccl	
8:50AM 10-10-18	PW	#16	D	-	RO	.67 7.40	BACT w/ccl	
9:10AM 10-10-18	PW	#31	D	-	RO	.54 7.44	BACT w/ccl	
9:25AM 10-10-18	PW	#25	D	-	RO	.53 7.47	BACT w/ccl	
8:35AM 10-10-18	PW	#19	D	-	RO	.54 7.38	BACT w/ccl	
9:40AM 10-10-18	PW	#21	D	-	RO	.57 7.48	BACT w/ccl	
10:15am 10-10-18	PW	#5A	D	-	RO	.61 7.30	BACT w/ccl	

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Project

WO#: 7067454

PM: SWM Due Date: 11/09/18
CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____

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

Temperature Blank Present: Yes No

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Type of Ice: Wet Blue None

Thermometer Used: TH001 Correction Factor: 0.0

Samples on ice, cooling process has begun

Cooler Temperature (°C): 3.2 Cooler Temperature Corrected (°C): 3.2

Date/Time 5035A kits placed in freezer _____

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: Diolo/18

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	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. Positive for Res. Chlorine? Y N
KI starch test strips Lot #			
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: _____