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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. : 7073890

Received : 12/12/2018 3:15
 Sample Type : Drinking Water

Date Reported: 12/14/2018

Lab Number	Location	Collected	Units Method Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual Chlorine</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
7073890001	HB22 Routine K. Sickler Distribution Easterly Rd.	12/12/2018 8:15:00 Collected by: CLIENT	Analysis Time	Absent 12/13/2018 1:27:00	Absent 12/13/2018 1:27:00	0.54 12/12/2018 8:15:00
7073890002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	12/12/2018 7:30:00 Collected by: CLIENT	Analysis Time	Absent 12/13/2018 1:27:00	Absent 12/13/2018 1:27:00	0.42 12/12/2018 7:30:00
7073890003	HB28 Routine Huebner Distribution Oakwood Rd.	12/12/2018 7:45:00 Collected by: CLIENT	Analysis Time	Absent 12/13/2018 1:27:00	Absent 12/13/2018 1:27:00	0.47 12/12/2018 7:45:00
7073890004	HB29 Routine McFarland Distribution Ridgewood La.	12/12/2018 8:00:00 Collected by: CLIENT	Analysis Time	Absent 12/13/2018 1:27:00	Absent 12/13/2018 1:27:00	0.47 12/12/2018 7:45:00
7073890005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	12/12/2018 8:35:00 Collected by: CLIENT	Analysis Time	Absent 12/13/2018 1:27:00	Absent 12/13/2018 1:27:00	0.46 12/12/2018 8:35:00
7073890006	HB31 Routine C. Morgan Distribution	12/12/2018 8:55:00 Collected by: CLIENT	Analysis Time	Absent 12/13/2018 1:27:00	Absent 12/13/2018 1:27:00	0.44 12/12/2018 8:55:00

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.

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

Stu Murrell
 Stu Murrell



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 Sample Type : Drinking Water

Date Reported: 12/14/2018

Lab Number	Location	Collected	Units	E.coli	Total Coliforms	Field Residual Chlorine
7073890007	HB25 Routine Distribution K. Springer Maple Ave.	12/12/2018 9:10:00 Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 12/13/2018 1:27:00	Absent 12/13/2018 1:27:00	0.48 12/12/2018 9:10:00
7073890008	HB19 Routine Distribution J. Warner Canoe PI Rd.	12/12/2018 9:30:00 Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 12/13/2018 1:27:00	Absent 12/13/2018 1:27:00	0.53 12/12/2018 9:30:00
7073890009	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	12/12/2018 9:50:00 Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 12/13/2018 1:27:00	Absent 12/13/2018 1:27:00	0.48 12/12/2018 9:50:00
7073890010	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	12/12/2018 10:10:00 Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 12/13/2018 1:27:00	Absent 12/13/2018 1:27:00	0.59 12/12/2018 10:10:00

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



575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

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WorkOrder :

7073890

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#: 7073890



NY 11747
3436

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 12-12-18

Collected By: K. T. Smith

WELL RUN TO SYSTEM

Accepted By: [Signature]

12/12/18
1305

Cooler Temp: 2.6 °C

YES NO VOC'S PRESERVED WITH HCl

Bac k 1515

Client Info:
Name or Code: HAMPTON BAYS WATER DISTRICT
Address: PO BOX 1013
HAMPTON BAYS, NEW YORK 11946
(631) 728-0179

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

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 Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
8:15AM 12-12-18	PW	#22	D	-	RO	.54	7.21	BACT w/cl	
7:30AM 12-12-18	PW	#13	D	-	RO	.42	7.18	BACT w/cl	
7:45AM 12-12-18	PW	#28	D	-	RO	.47	7.24	BACT w/cl	
8:00AM 12-12-18	PW	#29	D	-	RO	.41	7.10	BACT w/cl	
8:35AM 12-12-18	PW	#16	D	-	RO	.46	7.07	BACT w/cl	
8:55AM 12-12-18	PW	#31	D	-	RO	.44	7.17	BACT w/cl	
9:10AM 12-12-18	PW	#25	D	-	RO	.48	7.21	BACT w/cl	
9:30AM 12-12-18	PW	#19	D	-	RO	.53	7.17	BACT w/cl	
9:50AM 12-12-18	PW	#21	D	-	RO	.48	7.08	BACT w/cl	
10:10AM 12-12-18	PW	#5A	D	-	RO	.59	7.04	BACT w/cl	

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Project

WO#: 7073890

PM: SWM Due Date: 01/11/19

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

Temperature Blank Present: Yes No

Type of Ice: Wet Blue None

Samples on ice, cooling process has begun

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: CD 12/12/18

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	
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. 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: _____