



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: Raw Well
 Routine

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

Lab No. : 7074489001
Client Sample ID.: S-15687

Federal ID : 5103704
 Collected : 12/20/2018 02:00 PM Point No: S-15687
 Received : 12/21/2018 12:15 PM Location: Well #1-1
 Collected By : CLIENT

Analytical Method:EPA 900.0

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Gross Alpha	0.347 ±		1	pCi/L	15	01/02/2019 8:50 AM	001 BP1N4/4
Gross Beta	0.972 ±		1	pCi/L		01/02/2019 8:50 AM	001 BP1N4/4

Analytical Method:EPA 903.1

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Radium-226	0.302 ±		1	pCi/L		01/09/2019 8:25 PM	001 BP1N4/4

Analytical Method:EPA 904.0

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Radium-228	0.0701 ±		1	pCi/L		01/08/2019 2:45 PM	001 BP1N4/4

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: 01/10/2019



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

WorkOrder :
7074489

Laboratory Certifications

Pennsylvania Certification IDs

1638 Roseytown Rd Suites 2,3&4, Greensburg, PA 15601
ANAB DOD-ELAP Rad Accreditation #: L2417
Alabama Certification #: 41590
Arizona Certification #: AZ0734
Arkansas Certification
California Certification #: 04222CA
Colorado Certification #: PA01547
Connecticut Certification #: PH-0694
Delaware Certification
EPA Region 4 DW Rad
Florida/TNI Certification #: E87683
Georgia Certification #: C040
Guam Certification
Hawaii Certification
Idaho Certification
Illinois Certification
Indiana Certification
Iowa Certification #: 391
Kansas/TNI Certification #: E-10358
Kentucky Certification #: KY90133
KY WW Permit #: KY0098221
KY WW Permit #: KY0000221
Louisiana DHH/TNI Certification #: LA180012
Louisiana DEQ/TNI Certification #: 4086
Maine Certification #: 2017020
Maryland Certification #: 308
Massachusetts Certification #: M-PA1457
Michigan/PADEP Certification #: 9991
Missouri Certification #: 235
Montana Certification #: Cert0082
Nebraska Certification #: NE-OS-29-14
Nevada Certification #: PA014572018-1
New Hampshire/TNI Certification #: 297617
New Jersey/TNI Certification #: PA051
New Mexico Certification #: PA01457
New York/TNI Certification #: 10888
North Carolina Certification #: 42706
North Dakota Certification #: R-190
Ohio EPA Rad Approval: #41249
Oregon/TNI Certification #: PA200002-010
Pennsylvania/TNI Certification #: 65-00282
Puerto Rico Certification #: PA01457
Rhode Island Certification #: 65-00282



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Laboratory Certifications

Pennsylvania Certification IDs

South Dakota Certification
Tennessee Certification #: 02867
Texas/TNI Certification #: T104704188-17-3
Utah/TNI Certification #: PA014572017-9
USDA Soil Permit #: P330-17-00091
Vermont Dept. of Health: ID# VT-0282
Virgin Island/PADEP Certification
Virginia/VELAP Certification #: 9526
Washington Certification #: C868
West Virginia DEP Certification #: 143
West Virginia DHHR Certification #: 9964C
Wisconsin Approve List for Rad
Wyoming Certification #: 8TMS-L



Sample Condition Upon Receipt

Client Name: HBW

Project **WO#: 7074489**
 PM: SWM Due Date: 01/16/19
 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: TH001 Correction Factor: 0.0

Cooler Temperature (°C): 10.3 Cooler Temperature Corrected (°C): 10.3

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: JC 12/2/18

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 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	
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 <input checked="" type="checkbox"/> OIL			
All containers needing preservation have been checked	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input 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 # <u>HC857466</u>			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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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: _____