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

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

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

Lab Project No. : 7082225

Received :03/13/2019 5:00
Sample Type :Drinking Water

Date Reported: 03/14/2019

Lab	Location	Collected		E.coli	Total Coliforms	Field Residual
			Units	N/A	N/A	mg/L
			Metho	SM22 9223B Colilert	SM22 9223B Colilert	
			Limits	Absent	Absent	4
7082225001	HB12	3/13/2019 8:00:00		**Absent**	**Absent**	**0.23**
Routine	M. Layburn	Collected by: CLIENT	Analysis Time	**3/14/2019 12:40:00**	**3/14/2019 12:40:00**	**3/13/2019 8:00:00 AM**
Distribution	Squires Pond Rd.					
7082225002	HB13	3/13/2019 8:15:00		**Absent**	**Absent**	**0.38**
Routine	H.B. Bagel	Collected by: CLIENT	Analysis Time	**3/14/2019 12:40:00**	**3/14/2019 12:40:00**	**3/13/2019 8:15:00 AM**
Distribution	W. Montauk Hwy.					
7082225003	HB28	3/13/2019 8:30:00		**Absent**	**Absent**	**0.46**
Routine	Huebner	Collected by: CLIENT	Analysis Time	**3/14/2019 12:40:00**	**3/14/2019 12:40:00**	**3/13/2019 8:30:00 AM**
Distribution	Oakwood Rd.					
7082225004	HB29	3/13/2019 8:45:00		**Absent**	**Absent**	**0.49**
Routine	McFarland	Collected by: CLIENT	Analysis Time	**3/14/2019 12:40:00**	**3/14/2019 12:40:00**	**3/13/2019 8:45:00 AM**
Distribution	Ridgewood La.					
7082225005	HB16	3/13/2019 9:00:00		**Absent**	**Absent**	**0.22**
Routine	Spellman's Marine	Collected by: CLIENT	Analysis Time	**3/14/2019 12:40:00**	**3/14/2019 12:40:00**	**3/13/2019 9:00:00 AM**
Distribution	Rampasture Rd.					
7082225006		3/13/2019 9:15:00		**Absent**	**Absent**	**0.38**
		Collected by: CLIENT	Analysis Time	**3/14/2019 12:40:00**	**3/14/2019 12:40:00**	**3/13/2019 9:15:00 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 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

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

Lab Project No. : 7082225

Received :03/13/2019 5:00
Sample Type :Drinking Water

Date Reported: 03/14/2019

Lab	Location	Collected		E.coli	Total Coliforms	Field Residual
			Units	N/A	N/A	mg/L
			Metho	SM22 9223B Colilert	SM22 9223B Colilert	
			Limits	Absent	Absent	4
7082225007	HB25	3/13/2019 9:45:00		**Absent**	**Absent**	**0.49**
Routine	K. Springer	Collected by: CLIENT	Analysis Time	**3/14/2019 12:40:00**	**3/14/2019 12:40:00**	**3/13/2019 9:45:00 AM**
Distribution	Maple Ave.					
7082225008	HB23	3/13/2019 10:00:00		**Absent**	**Absent**	**0.25**
Routine	W. Booth	Collected by: CLIENT	Analysis Time	**3/14/2019 12:40:00**	**3/14/2019 12:40:00**	**3/13/2019 10:00:00**
Distribution	Neptune Ave.					
7082225009	HB21	3/13/2019 10:15:00		**Absent**	**Absent**	**0.27**
Routine	H.B. Fire Dept.	Collected by: CLIENT	Analysis Time	**3/14/2019 12:40:00**	**3/14/2019 12:40:00**	**3/13/2019 10:15:00**
Distribution	Montauk Hwy.					
7082225010	HB5A	3/13/2019 10:30:00		**Absent**	**Absent**	**0.25**
Routine	Sunday's By The Bay	Collected by: CLIENT	Analysis Time	**3/14/2019 12:40:00**	**3/14/2019 12:40:00**	**3/13/2019 10:30:00**
Distribution	Dune Rd.					

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

Treatments
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FM = Iron/Manganese Removal
N = Nitrate Removal O = Other

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WorkOrder :
7082225

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

Date Reported: 03/14/2019

WO#: 7082225

7082225

.747

(631) 874-3040 Fax: (631) 420-8436

Sample Request Form
PUBLIC WATER SUPPLIER

Date: 3-13-19

Collected By: G. VALENTINO

Accepted By:

Cooler Temp: 4.1 °C

3/13/19 ☑ WELL OFF LINE 2:30 PM

☐ WELL RUN TO SYSTEM

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

Back At: 1700

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.
3-13-19 8:00 am	PW	#12 800	D	-	RO	.23	7.32	BACT w/cl	001
3-13-19 8:15 am	PW	#13 815	D	-	RO	.38	7.32	BACT w/cl	002
3-13-19 8:30 am	PW	#28 830	D	-	RO	.46	7.33	BACT w/cl	003
3-13-19 8:45 am	PW	#29 845	D	-	RO	.49	7.34	BACT w/cl	004
3-13-19 9:00 am	PW	#16 900	D	-	RO	.22	7.40	BACT w/cl	005
3-13-19 9:15 am	PW	#31 915	D	-	RO	.38	7.39	BACT w/cl	006
3-13-19 9:45 am	PW	#25 945	D	-	RO	.49	7.56	BACT w/cl	007
3-13-19 10:00 am	PW	~~[illegible]~~ #23 (ALT) 1000	D	-	RO	.25	7.41	BACT w/cl	008
3-13-19 10:15 am	PW	#21 1015	D	-	RO	.27	7.56	BACT w/cl	009
3-13-19 10:30 am	PW	#5A 1030	D	-	RO	.25	7.48	BACT w/cl	010

Remarks:

Pace Analytical®

Sample Condition Upon Receipt

WO#: 7082225
PM: SWM Due Date: 04/12/19
CLIENT: HBW

Client Name: HBW

Projec

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: TH091 ✓ **Correction Factor:** 0.0

☐ Samples on ice, cooling process has begun

Cooler Temperature (°C): 4.1 **Cooler Temperature Corrected (°C):** 4.1 **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:** 3/13/19

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 orignate 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:	☑Yes	☐No		1.
Chain of Custody Filled Out:	☐Yes	☑No		2. Times of collection taken off bottle.
Chain of Custody Relinquished:	☑Yes	☐No		3.
Sampler Name & Signature on COC:	☑Yes	☐No	☐N/A	4.
Samples Arrived within Hold Time:	☑Yes	☐No		5.
Short Hold Time Analysis (<72hr):	☑Yes	☐No		6.
Rush Turn Around Time Requested:	☐Yes	☑No		7.
Sufficient Volume: (Triple volume provided for MS/MSD)	☑Yes	☐No		8.
Correct Containers Used:	☑Yes	☐No		9.
-Pace Containers Used:	☑Yes	☐No		
Containers Intact:	☑Yes	☐No		10.
Filtered volume received for Dissolved tests	☐Yes	☐No	☑N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	☑Yes	☐No		12.
-Includes date/time/ID/Analysis Matrix SL WT OIL				
All containers needing preservation have been checked	☐Yes	☐No	☑N/A	13. ☐ HNO_3 ☐ H_2SO_4 ☐ NaOH ☐ HCl
pH paper Lot #				
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO_3, H_2SO_4, HCl, NaOH>9 Sulfide, NAOH>12 Cyanide)	☐Yes	☐No	☑N/A	Sample #
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:	☐Yes	☐No	☑N/A	14.
KI starch test strips Lot #				
Residual chlorine strips Lot #				Positive for Res. Chlorine? Y N
Headspace in VOA Vials (>6mm):	☐Yes	☐No	☑N/A	15.
Trip Blank Present:	☐Yes	☑No	☐N/A	16.
Trip Blank Custody Seals Present	☐Yes	☐No	☑N/A	
Pace Trip Blank Lot # (if applicable):				

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: Date/Time:

Comments/ Resolution:

* PM (Project Manager) review is documented electronically in LIMS.