



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

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. : 7087896001
Client Sample ID.: S-108065

Federal ID : 5103704
 Collected : 05/02/2019 09:05 AM Point S-108065
 Received : 05/02/2019 11:50 AM Location Well #4-1
 Collected By CLIENT

Sample Comments:
 S/U
 RUN TO WASTE

<u>Analytical Method:</u> Field Method							
<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>
Field Residual Chlorine	<0.1	N3	1	mg/L	4	05/02/2019 9:05 AM	001 SP5T1/1

<u>Analytical Method:</u> SM22 9223B Colilert <u>Prep Method:</u> SM22 9223B Colilert <u>Prep Date:</u> 05/02/2019 7:20 PM							
<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>
E.coli	Absent		1		Absent	05/03/2019 1:20 PM	001 SP5T1/1
Total Coliforms	Absent		1		Absent	05/03/2019 1:20 PM	001 SP5T1/1

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
 See qualifiers page for additional qualifier definitions.

Stu Murrell

Test results meet the requirements of NELAC unless otherwise noted.

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



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Sample Information:

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 Origin: Raw Well
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 7087896002
Client Sample ID.: S-108065

Attn To : Rob King
 Federal ID : 5103704
 Collected : 05/02/2019 09:06 AM Point S-108065
 Received : 05/02/2019 11:50 AM Location Well #4-1
 Collected By CLIENT

Sample Comments:
 1 MIN.
 RUN TO WASTE

<u>Analytical Method:</u> Field Method							
<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>
Field Residual Chlorine	<0.1	N3	1	mg/L	4	05/02/2019 9:06 AM	002 SP5T1/1

<u>Analytical Method:</u> SM22 9223B Colilert <u>Prep Method:</u> SM22 9223B Colilert <u>Prep Date:</u> 05/02/2019 7:20 PM							
<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>
E.coli	Absent		1		Absent	05/03/2019 1:20 PM	002 SP5T1/1
Total Coliforms	Absent		1		Absent	05/03/2019 1:20 PM	002 SP5T1/1

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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 7087896003
Client Sample ID.: S-108065

Attn To : Rob King
 Federal ID : 5103704
 Collected : 05/02/2019 09:11 AM Point S-108065
 Received : 05/02/2019 11:50 AM Location Well #4-1
 Collected By CLIENT

Sample Comments:
 5 MIN.
 RUN TO WASTE

<u>Analytical Method:</u> Field Method							
<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>
Field Residual Chlorine	<0.1	N3	1	mg/L	4	05/02/2019 9:11 AM	003 SP5T1/1

<u>Analytical Method:</u> SM22 9223B Colilert							
<u>Prep Method:</u> SM22 9223B Colilert				<u>Prep Date:</u> 05/02/2019 7:20 PM			
<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>
E.coli	Absent		1		Absent	05/03/2019 1:20 PM	003 SP5T1/1
Total Coliforms	Absent		1		Absent	05/03/2019 1:20 PM	003 SP5T1/1

Qualifiers:
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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. : 7087896004
Client Sample ID.: S-108065

Federal ID : 5103704
 Collected : 05/02/2019 09:26 AM Point S-108065
 Received : 05/02/2019 11:50 AM Location Well #4-1
 Collected By CLIENT

Sample Comments:
 15 MIN.
 RUN TO WASTE

<u>Analytical Method:</u> Field Method							
<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>
Field Residual Chlorine	<0.1	N3	1	mg/L	4	05/02/2019 9:26 AM	004 SP5T1/1

<u>Analytical Method:</u> SM22 9223B Colilert							
<u>Prep Method:</u> SM22 9223B Colilert				<u>Prep Date:</u> 05/02/2019 7:20 PM			
<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>
E.coli	Absent		1		Absent	05/03/2019 1:20 PM	004 SP5T1/1
Total Coliforms	Absent		1		Absent	05/03/2019 1:20 PM	004 SP5T1/1

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.
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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. : 7087896005
Client Sample ID.: S-108065

Federal ID : 5103704
 Collected : 05/02/2019 10:26 AM Point S-108065
 Received : 05/02/2019 11:50 AM Location Well #4-1
 Collected By CLIENT

Sample Comments:

1 HR.
 RUN TO WASTE

Analytical Method:Field Method

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Field Residual Chlorine	<0.1	N3	1	mg/L	4	05/02/2019 10:26	005 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 05/02/2019 7:20 PM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	05/03/2019 1:20 PM	005 SP5T1/1
Total Coliforms	Absent		1		Absent	05/03/2019 1:20 PM	005 SP5T1/1

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

WorkOrder :
7087896

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



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WorkOrder :
7087896

Qualifiers

N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.

WO#: 7087896



(631) 694-3040 Fax: (631) 420-8436

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE 4-1

Date: 5-3-19

Collected By: W. Bush

Accepted By: [Signature]

Cooler Temp: 20.1 °C

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

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 Info:

Date/Time Collected: 9:05 5-3-19

Sample Type: GW

Location: WELL 4-1 5/4

Origin: RW

Treatment Type: -

Purpose: RO

Field Readings Cl₂: 0.00

Field Readings pH/Temp: 6.33

Analysis: BAET

Lab No.: 001

Date/Time Collected: 9:06 5-3-19

Sample Type: GW

Location: WELL 4-1 5/1 min

Origin: RW

Treatment Type: -

Purpose: RO

Field Readings Cl₂: |

Field Readings pH/Temp: |

Analysis: BAET

Lab No.: 002

Date/Time Collected: 9:11 5-3-19

Sample Type: GW

Location: WELL 4-1 5 min

Origin: RW

Treatment Type: -

Purpose: RO

Field Readings Cl₂: |

Field Readings pH/Temp: |

Analysis: BAET

Lab No.: 003

Date/Time Collected: 9:26 5-3-19

Sample Type: GW

Location: WELL 4-1 1.5 min

Origin: RW

Treatment Type: -

Purpose: RO

Field Readings Cl₂: |

Field Readings pH/Temp: |

Analysis: BAET

Lab No.: 004

Date/Time Collected: 10:26 5-3-19

Sample Type: GW

Location: WELL 4-1 1 HR

Origin: RW

Treatment Type: -

Purpose: RO

Field Readings Cl₂: ↓

Field Readings pH/Temp: ↓

Analysis: BAET

Lab No.: 005

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Project

WO#: 7087896

PM: SWM Due Date: 06/01/19
CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____

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

Temperature Blank Present: Yes No

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Type of Ice: Wet Blue None

Thermometer Used: T1091 Correction Factor: 0.0

Samples on ice, cooling process has begun

Cooler Temperature (°C): 10.1 Cooler Temperature Corrected (°C): 10.1

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: SW 5/2/19

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 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 <u>W</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 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) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis	<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
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: _____