

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. : 7088743

Received :05/08/2019 5:00
 Sample Type :Drinking Water

Date Reported:05/10/2019

Lab	Location	Collected	Units	E.coli	Total Coliforms	Field Residual
			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	SM22 9223B Colilert	SM22 9223B Colilert	
7088743001	HB12	5/8/2019 10:30:00		Absent	Absent	4
Routine	M. Layburn		Analysis	Absent	Absent	0.85
Distribution	Squires Pond Rd.	Collected by: CLIENT	Time	5/9/2019 2:15:00 PM	5/9/2019 2:15:00 PM	5/8/2019 10:30:00 AM
7088743002	HB13	5/8/2019 8:15:00 AM		Absent	Absent	1.45
Routine	H.B. Bagel		Analysis	Absent	Absent	1.45
Distribution	W. Montauk Hwy.	Collected by: CLIENT	Time	5/9/2019 2:15:00 PM	5/9/2019 2:15:00 PM	5/8/2019 8:15:00 AM
7088743003	HB28	5/8/2019 8:30:00 AM		Absent	Absent	1.39
Routine	Huebner		Analysis	Absent	Absent	1.39
Distribution	Oakwood Rd.	Collected by: CLIENT	Time	5/9/2019 2:15:00 PM	5/9/2019 2:15:00 PM	5/8/2019 8:30:00 AM
7088743004	HB29	5/8/2019 8:45:00 AM		Absent	Absent	0.52
Routine	McFarland		Analysis	Absent	Absent	0.52
Distribution	Ridgewood La.	Collected by: CLIENT	Time	5/9/2019 2:15:00 PM	5/9/2019 2:15:00 PM	5/8/2019 8:45:00 AM
7088743005	HB16	5/8/2019 9:00:00 AM		Absent	Absent	1.25
Routine	Spellman's Marine		Analysis	Absent	Absent	1.25
Distribution	Rampasture Rd.	Collected by: CLIENT	Time	5/9/2019 2:15:00 PM	5/9/2019 2:15:00 PM	5/8/2019 9:00:00 AM
7088743006	HB31	5/8/2019 9:15:00 AM		Absent	Absent	0.46
Routine	C. Morgan		Analysis	Absent	Absent	0.46
Distribution		Collected by: CLIENT	Time	5/9/2019 2:15:00 PM	5/9/2019 2:15:00 PM	5/8/2019 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
 Stu Murrell

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Lab	Location	Collected	Units	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A	N/A	mg/L
			<u>Metho</u>	SM22 9223B Colilert	SM22 9223B Colilert	
			<u>Limits</u>	Absent	Absent	4
7088743007	HB25	5/8/2019 9:30:00 AM		Absent	Absent	0.94
Routine	K. Springer	Collected by: CLIENT	Analysis Time	5/9/2019 2:15:00 PM	5/9/2019 2:15:00 PM	5/8/2019 9:30:00 AM
Distribution	Maple Ave.					
7088743008	HB33	5/8/2019 9:45:00 AM		Absent	Absent	0.70
Routine	Rydberg; 8 Pawnee St.	Collected by: CLIENT	Analysis Time	5/9/2019 2:15:00 PM	5/9/2019 2:15:00 PM	5/8/2019 9:45:00 AM
Distribution						
7088743009	HB21	5/8/2019 10:00:00		Absent	Absent	0.77
Routine	H.B. Fire Dept.	Collected by: CLIENT	Analysis Time	5/9/2019 2:15:00 PM	5/9/2019 2:15:00 PM	5/8/2019 10:00:00 AM
Distribution	Montauk Hwy.					
7088743010	HB5A	5/8/2019 10:19:00		Absent	Absent	0.52
Routine	Sunday's By The Bay	Collected by: CLIENT	Analysis Time	5/9/2019 2:15:00 PM	5/9/2019 2:15:00 PM	5/8/2019 10:15:00 AM
Distribution	Dune Rd.					

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

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

WorkOrder :

7088743

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#: 7088743



575 BRONX... (631) 694-3040 Fax: (631) 420-8436

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 5-8-19

Collected By: G. VALENTINO

Accepted By: [Signature]

Cooler Temp: 3.6 °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:

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	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
5-8-19 630	PW	#12	b	-	RO	0.85 7.89	BACT w/ccl	001
5-8-19 815	PW	#13	D	-	RO	1.45 7.19	BACT w/ccl	002
5-8-19 870	PW	#28	D	-	RO	1.39 7.17	BACT w/ccl	003
5-8-19 845	PW	#29	D	-	RO	.52 7.23	BACT w/ccl	004
5-8-19 900	PW	#16	D	-	RO	1.25 7.22	BACT w/ccl	005
5-8-19 915	PW	#31	D	-	RO	.46 7.26	BACT w/ccl	006
5-8-19 930	PW	#25	D	-	RO	.94 7.39	BACT w/ccl	007
5-8-19 945	PW	#33	D	-	RO	.70 7.59	BACT w/ccl	008
5-8-19 1000	PW	#21	D	-	RO	.77 7.44	BACT w/ccl	009
5-8-19 1015	PW	#5A	D	-	RO	.52 7.55	BACT w/ccl	010

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Proj **WO#: 7088743**
 PM: SWM Due Date: 06/07/19
 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): 3.6 Cooler Temperature Corrected (°C): 3.6

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: ed 5/8/19

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 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.
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: _____