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

Sample Information:

Type: Drinking Water
Origin: Distribution
Special

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

Lab No. : 7088736001
Client Sample ID.: BLENDED EFF

Federal ID : 5103704
Collected : 05/08/2019 10:10 AM Point
Received : 05/08/2019 05:00 PM Location
Collected By CLIENT

Analytical Method: Field Method

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Field Residual Chlorine	1.25	N3	1	mg/L	4	05/08/2019 10:10	001 SP5T1/1

Analytical Method: SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 05/08/2019 8:15 PM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	05/09/2019 2:15 PM	001 SP5T1/1
Total Coliforms	Absent		1		Absent	05/09/2019 2:15 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.

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

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.

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WorkOrder :
7088736

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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Qualifiers

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

WO#: 7088736

7088736

Sample Request Form
PUBLIC WATER SUPPLIER

C/SV

Date: 5-8-19

Collected By: W Booth

Accepted By: [signature] 5/8/19 1405

Cooler Temp: 3.6 °C

☒ WELL OFF LINE 4-1, 4-2 Blow off 2-2 OOS. ~~[illegible]~~ Can't run

☐ WELL RUN TO SYSTEM

☒ YES ☐ NO VOC'S PRESERVED WITH HCl

Back 1700

Client Info:

Name or Code: ~~HAMPTON BAYS WATER DISTRICT~~

Address: P.O. 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.
9:15 5-8-19	GW	WELL 1-1	RW		RO			BACT, POC, N/N, PFC, IRON/MANG	
9:30 5-8-19	GW	WELL 1-2	RW		RO			BACT, POC, N/N, PFC, IRON MANG	
9:45 5-8-19	GW	WELL 1-3	RW		RO			BACT, POC, N/N, PFC, IRON MANG	
9:55 5-8-19	GW	BLEND. INNF	RW		RO			BACT, POC, N/N, PFC, IRON MANG	
10:10 5-8-19	PW	BLEND. EFF	D		RO	1.25	7.26	BACT, POC, N/N, PFC, IRON MANG	DD
8:55 5-8-19	GW	WELL 2-1	RW		RO			BACT, POC	
5-8-19	GW	WELL 2-2	RW		RO			BACT, POC	0.0.5
8:10 5-8-19	GW	WELL 3-1	RW		RO			BACT, POC	
8:00 5-8-19	GW	WELL 3-2	RW		RO			BACT, POC	
7:50 5-8-19	GW	WELL 3-3	RW		RO			BACT, POC	
7:33 5-8-19	GW	WELL 5-1	RW		RO			BACT, POC	
~~Remarks:~~ 8:30 5-8-19	GW	WELL 4-1	RW		RO			BACT, POC	
8:40 5-8-19	GW	WELL 4-2	RW		RO			BACT, POC	

Pace Analytical®
Long Island Laboratory

Sample Condition Upon Receipt

WO#: 7088736
PM: SWM Due Date: 06/07/19
CLIENT: HBW

Client Name: HBW **Proje**

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): 3.6 **Cooler Temperature Corrected (°C):** 3.6 **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:** 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 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.
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: -Includes date/time/ID/Analysis Matrix SL WT OIL	☑Yes	☐No		12.
All containers needing preservation have been checked pH paper Lot #	☐Yes	☐No	☑N/A	13. ☐ HNO_3 ☐ H_2SO_4 ☐ NaOH ☐ HCl
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) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis	☐Yes	☐No	☑N/A	Sample # Initial when completed: Lot # of added preservative: Date/Time preservative added:
Samples checked for dechlorination: KI starch test strips Lot # Residual chlorine strips Lot #	☐Yes	☐No	☑N/A	14. 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.

F-LI-C-002-rev.02