



# 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  
 Routine

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

**Lab No. : 7096355001**  
**Client Sample ID.: HB3**

Federal ID : 5103704  
 Collected : 07/03/2019 08:30 AM Point HB3  
 Received : 07/03/2019 04:00 PM Location U.S.C.G.  
 Collected By CLIENT Foster Ave.

Analytical Method:EPA 353.2

<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>
Nitrate as N	1.3		10	mg/L	10	07/04/2019 12:36	001 BP4U1/1
Nitrate-Nitrite (as N)	1.3	M6	10	mg/L		07/04/2019 12:36	001 BP4U1/1

Analytical Method:EPA 353.2

<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>
Nitrite as N	<0.050		1	mg/L	1	07/03/2019 9:50 PM	001 BP4U1/1

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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### Sample Information:

Type: Drinking Water  
 Origin: Distribution  
 Routine

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

**Lab No. : 7096355002**  
**Client Sample ID.: HB8**

Federal ID : 5103704  
 Collected : 07/03/2019 09:30 AM Point HB8  
 Received : 07/03/2019 04:00 PM Location B. McCormack  
 Collected By CLIENT Bittersweet Ave.

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrate as N	2.5		10	mg/L	10	07/04/2019 12:42	002 BP4U1/1
Nitrate-Nitrite (as N)	2.5		10	mg/L		07/04/2019 12:42	002 BP4U1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrite as N	<0.050		1	mg/L	1	07/03/2019 9:53 PM	002 BP4U1/1

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  
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Date Reported: 07/08/2019



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

**WorkOrder :**  
7096355

## Laboratory Certifications

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### 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 :**  
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## Qualifiers

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M6 - Matrix spike and Matrix spike duplicate recovery not evaluated against control limits due to sample dilution.

WO#: 7096355



7096355

# Sample Request Form PUBLIC WATER SUPPLIER

*C/S*  WELL OFF LINE

Date: 7/3/19

Collected By: G VALENTINO  WELL RUN TO SYSTEM

Accepted By: [Signature] 1320

Cooler Temp: 3.5 °C  YES  NO VOC'S PRESERVED WITH HCl

Back 1600

**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:	Sample Type	Location
7-3-19 1015	PW	#27
7-3-19 1015	PW	#2
7-3-19 830	AW	#3
7-3-19 845	PW	#4
7-3-19 900	PW	#5
7-3-19 1030	PW	#6
7-3-19 1045	PW	#7
7-3-19 970	PW	#8
7-3-19 800	AW	#9
7-3-19 1000	AW	#10
7-3-19 945	PW	#11

Remarks:

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	

Origin	Treatment Type	Purpose	Cl <sub>2</sub>	Field Readings pH/Temp	Analysis	Lab No.
D	-	RO	.84	7.35	Bact w/ce	
D	-	RO	.57	7.25	Bact w/ce	
D	-	RO	.54	7.14	Bact w/ce, N/N	001
D	-	RO	.41	7.30	Bact w/ce	
D	-	RO	.39	7.16	Bact w/ce	
D	-	RO	.68	7.11	Bact w/ce	
D	-	RO	.74	7.33	Bact w/ce	
D	-	RO	1.05	7.20	Bact w/ce, N/N	002
D	-	RO	.47	7.98	Bact w/ce	
D	-	RO	.72	7.34	Bact w/ce	
D	-	RO	.64	7.28	Bact w/ce	



Sample Condition Upon Receipt

WO#: 7096355

Client Name: HBW

Project

PM: SWM Due Date: 07/10/19  
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: +0.2

Cooler Temperature (°C): 3.5 Cooler Temperature Corrected (°C): 3.7

Temperature Blank Present:  Yes  No

Type of Ice:  Wet  Blue  None

Samples on ice, cooling process has begun

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: Ad 7/3/19

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 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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #				
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH>9 Sulfide, NaOH>12 Cyanide)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #				
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 type="checkbox"/> No	<input checked="" 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: \_\_\_\_\_