

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 : Supt. McCuen
 Federal ID : 5103704

Lab Project No. : 70126769

Received :04/01/2020 4:00
 Sample Type :Drinking Water

Date Reported: 04/03/2020

Lab	Location	Collected	Units	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	SM22 9223B Colilert	SM22 9223B Colilert	
				Absent	Absent	4
70126769001	HB27	4/1/2020 9:35:00 AM		Absent	Absent	
Routine	Suffolk Cty. Hwy. Dept.	Collected by: CLIENT	Analysis Time	4/2/2020 11:55:00 AM	4/2/2020 11:55:00 AM	
Distribution	North Hwy.					
70126769002	HB2	4/1/2020 9:50:00 AM		Absent	Absent	0.54
Routine	R. Loetscher	Collected by: CLIENT	Analysis Time	4/2/2020 11:55:00 AM	4/2/2020 11:55:00 AM	4/1/2020 9:50:00 AM
Distribution	Wakeman Rd.					
70126769003	HB3	4/1/2020 9:05:00 AM		Absent	Absent	0.40
Routine	U.S.C.G.	Collected by: CLIENT	Analysis Time	4/2/2020 11:55:00 AM	4/2/2020 11:55:00 AM	4/1/2020 9:05:00 AM
Distribution	Foster Ave.					
70126769004	HB4	4/1/2020 7:30:00 AM		Absent	Absent	0.86
Routine	H.B. Elem School	Collected by: CLIENT	Analysis Time	4/2/2020 11:55:00 AM	4/2/2020 11:55:00 AM	4/1/2020 7:30:00 AM
Distribution	Ponquogue Ave.					
70126769005	HB5	4/1/2020 7:45:00 AM		Absent	Absent	0.74
Routine	H.B. High School	Collected by: CLIENT	Analysis Time	4/2/2020 11:55:00 AM	4/2/2020 11:55:00 AM	4/1/2020 7:45:00 AM
Distribution	Argonne Rd.					
70126769006	HB6	4/1/2020 8:30:00 AM		Absent	Absent	0.56
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	4/2/2020 11:55:00 AM	4/2/2020 11:55:00 AM	4/1/2020 8:30:00 AM
Distribution	Montauk Hwy. East					

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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Kimberley Mack

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			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	Absent	Absent	4
70126769007	HB7	4/1/2020 9:20:00 AM		Absent	Absent	0.52
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	4/2/2020 11:55:00 AM	4/2/2020 11:55:00 AM	4/1/2020 9:20:00 AM
70126769008	HB8	4/1/2020 8:50:00 AM		Absent	Absent	0.65
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT	Analysis Time	4/2/2020 11:55:00 AM	4/2/2020 11:55:00 AM	4/1/2020 8:50:00 AM
70126769009	HB9	4/1/2020 8:00:00 AM		Absent	Absent	0.54
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT	Analysis Time	4/2/2020 11:55:00 AM	4/2/2020 11:55:00 AM	4/1/2020 8:00:00 AM
70126769010	HB10	4/1/2020 10:05:00		Absent	Absent	0.71
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT	Analysis Time	4/2/2020 11:55:00 AM	4/2/2020 11:55:00 AM	4/1/2020 10:05:00 AM
70126769011	HB11	4/1/2020 8:15:00 AM		Absent	Absent	0.76
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT	Analysis Time	4/2/2020 11:55:00 AM	4/2/2020 11:55:00 AM	4/1/2020 8:15:00 AM

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

<u>Treatments</u>	
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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Kimberley Mack
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575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
www.pacelabs.com

WorkOrder :

70126769

Laboratory Certifications

Pace Analytical Services Long Island

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

Sample Request Form PUBLIC WATER SUPPLIER

WO#: 70126769

 70126769

747

WELL OFF LINE

Date: 4-1-20

1345

WELL RUN TO SYSTEM

Collected By: K. TOHIBL

4/1/20

Accepted By: 

Cooler Temp: 4.6 °C

YES NO VOC'S PRESERVED WITH HCl

Back 1600

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.
9:35AM 4-1-20		# 27	D	-	RO	.50	7.41	BACT w/CC	
9:50AM 4-1-20		# 2	D	-	RO	.54	7.31	BACT w/CC	
9:10AM 4-1-20		# 3	D	-	RO	.46	7.63	BACT w/CC	
2:30AM 4-1-20		# 4	D	-	RO	.86	7.50	BACT w/CC	
7:45AM 4-1-20		# 5	D	-	RO	.74	7.41	BACT w/CC	
8:30AM 4-1-20		# 6	D	-	RO	.56	7.20	BACT w/CC	
9:20AM 4-1-20		# 7	D	-	RO	.52	7.41	BACT w/CC	
8:50AM 4-1-20		# 8	D	-	RO	.65	7.24	BACT w/CC	
8:20AM 4-1-20		# 9	D	-	RO	.54	7.68	BACT w/CC	
6:05AM 4-1-20		# 10	D	-	RO	.71	7.61	BACT w/CC	
4:15AM 4-1-20		# 11	D	-	RO	.70	7.54	BACT w/CC	

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Proje **WO#: 70126769**

PM: KMM Due Date: 05/01/20

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: TH091 Correction Factor: +0.2

Samples on ice, cooling process has begun

Cooler Temperature (°C): 4.6 Cooler Temperature Corrected (°C): 4.8

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: Pd 4/1/20

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 <input checked="" type="checkbox"/> WT <input type="checkbox"/> OIL		
All containers needing preservation have been checked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> N/A	
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 type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable): _____		

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____
