

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. : 7085313

Received :04/10/2019 5:00

Sample Type :Drinking Water

Date Reported: 04/12/2019

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A	N/A	mg/L
				SM22 9223B Colilert	SM22 9223B Colilert	
				Absent	Absent	4
7085313001	HB12	4/10/2019 8:00:00	Analysis Time	Absent	Absent	0.29
Routine	M. Layburn	Collected by: CLIENT		4/11/2019 1:40:00 PM	4/11/2019 1:40:00 PM	4/10/2019 8:00:00 AM
Distribution	Squires Pond Rd.					
7085313002	HB13	4/10/2019 8:15:00	Analysis Time	Absent	Absent	0.48
Routine	H.B. Bagel	Collected by: CLIENT		4/11/2019 1:40:00 PM	4/11/2019 1:40:00 PM	4/10/2019 8:15:00 AM
Distribution	W. Montauk Hwy.					
7085313003	HB28	4/10/2019 8:30:00	Analysis Time	Absent	Absent	0.65
Routine	Huebner	Collected by: CLIENT		4/11/2019 1:40:00 PM	4/11/2019 1:40:00 PM	4/10/2019 8:30:00 AM
Distribution	Oakwood Rd.					
7085313004	HB29	4/10/2019 9:30:00	Analysis Time	Absent	Absent	0.56
Routine	McFarland	Collected by: CLIENT		4/11/2019 1:40:00 PM	4/11/2019 1:40:00 PM	4/10/2019 9:30:00 AM
Distribution	Ridgewood La.					
7085313005	HB16	4/10/2019 8:45:00	Analysis Time	Absent	Absent	0.59
Routine	Spellman's Marine	Collected by: CLIENT		4/11/2019 1:40:00 PM	4/11/2019 1:40:00 PM	4/10/2019 8:45:00 AM
Distribution	Rampasture Rd.					
7085313006	HB31	4/10/2019 9:00:00	Analysis Time	Absent	Absent	0.69
Routine	C. Morgan	Collected by: CLIENT		4/11/2019 1:40:00 PM	4/11/2019 1:40:00 PM	4/10/2019 9:00:00 AM
Distribution						

Result(s) reported meet(s) NYS Regulatory Limit(s).

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

Treatments

A = Air Stripper
FM = Iron/Manganese Removal
N = Nitrate Removal
G = Granular Activated
O = Other

Test results meet the requirements of NELAC unless otherwise noted.

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Stu Murrell
Stu Murrell

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Sample Type :Drinking Water

Date Reported: 04/12/2019

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
7085313007	HB25	4/10/2019 9:15:00	Analysis Time	Absent	Absent	0.53
Routine Distribution	K. Springer Maple Ave.	Collected by: CLIENT		4/11/2019 1:40:00 PM	4/11/2019 1:40:00 PM	4/10/2019 9:15:00 AM
7085313008	HB33	4/10/2019 9:45:00	Analysis Time	Absent	Absent	0.55
Routine Distribution	Rydberg, 8 Pawnee St.	Collected by: CLIENT		4/11/2019 1:40:00 PM	4/11/2019 1:40:00 PM	4/10/2019 9:45:00 AM
7085313009	HB21	4/10/2019 10:00:00	Analysis Time	Absent	Absent	0.52
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT		4/11/2019 1:40:00 PM	4/11/2019 1:40:00 PM	4/10/2019 10:00:00
7085313010	HB5A	4/10/2019 10:15:00	Analysis Time	Absent	Absent	0.24
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT		4/11/2019 1:40:00 PM	4/11/2019 1:40:00 PM	4/10/2019 10:15:00

Result(s) reported meet(s) NYS Regulatory Limit(s).

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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 :

7085313

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#: 7085313



7085313 (631) 694-3040 Fax: (631) 420-8436

Sample Request Form PUBLIC WATER SUPPLIER

Date:

4-10-19

Collected By:

G. VALENTINO

Client Info:

HAMPTON BAYS WATER DISTRICT

P.O. 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	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
4-10-19	PW	#12 800	D	-	RO	0.29 7.58	BACT w/CL, N/N	001
4-10-19	PW	#13 815	D	-	RO	0.48 7.38	BACT w/CL	002
4-10-19	PW	#28 830	D	-	RO	0.65 7.36	BACT w/CL	003
4-10-19	PW	#29 930	D	-	RO	0.56 7.44	BACT w/CL	004
4-10-19	PW	#16 845	D	-	RO	0.59 7.41	BACT w/CL	005
4-10-19	PW	#31 900	D	-	RO	0.69 7.38	BACT w/CL	006
4-10-19	PW	#25 915	D	-	RO	0.53 7.44	BACT w/CL	007
4-10-19	PW	#33 945	D	-	RO	0.55 7.59	BACT w/CL	008
4-10-19	PW	#21 1000	D	-	RO	0.52 7.43	BACT w/CL	009
4-10-19	PW	#5A 1015	D	-	RO	0.24 7.64	BACT w/CL, N/N	010
4-10-19	PW	RATTLER	D	-	S		BACT, FROM MAIN L.	011
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	

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

Back 1 Zoo

☐ WELL RUN TO SYSTEM

☐ WELL OFF LINE



Sample Condition Upon Receipt

Client Name:

HBW

Project

WO#: 7085313

PM: SWM Due Date: 05/10/19

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other

Tracking #:

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

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

Cooler Temperature (°C): 3.2 Cooler Temperature Corrected (°C): 3.2

☐ Samples on ice, cooling process has begun

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)

Date and Initials of person examining contents: 4/10/19

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:	☒ 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:	☒ Yes ☐ No	12.
-Includes date/time/ID/Analysis Matrix SL WT OIL		
All containers needing preservation have been checked	☐ Yes ☐ No ☒ N/A	13. ☐ HNO ₃ ☐ H ₂ SO ₄ ☐ NaOH ☐ 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)	☐ Yes ☐ No ☒ 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:	☐ Yes ☐ No ☒ N/A	14.
KI starch test strips Lot #		Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #		
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: