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

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946
Attn To : Rob King
Federal ID : 5103704

Lab Project No. : 70101353

Received :08/14/2019 5:55
Sample Type :Drinking Water

Date Reported: 08/15/2019

Lab	Location	Collected		E.coli	Total Coliforms	Field Residual
			Units	N/A	N/A	mg/L
			Metho	SM22 9223B Colilert	SM22 9223B Colilert	
			Limits	Absent	Absent	4
70101353001	HB12	8/14/2019 8:15:00	Analysis	**Absent**	**Absent**	**0.64**
Routine	M. Layburn	Collected by: CLIENT	Time	**8/15/2019 1:35:00 PM**	**8/15/2019 1:35:00 PM**	**8/14/2019 8:15:00 AM**
Distribution	Squires Pond Rd.					
70101353002	HB13	8/14/2019 8:30:00	Analysis	**Absent**	**Absent**	**0.67**
Routine	H.B. Bagel	Collected by: CLIENT	Time	**8/15/2019 1:35:00 PM**	**8/15/2019 1:35:00 PM**	**8/14/2019 8:30:00 AM**
Distribution	W. Montauk Hwy.					
70101353003	HB28	8/14/2019 8:45:00	Analysis	**Absent**	**Absent**	**0.41**
Routine	Huebner	Collected by: CLIENT	Time	**8/15/2019 1:35:00 PM**	**8/15/2019 1:35:00 PM**	**8/14/2019 8:45:00 AM**
Distribution	Oakwood Rd.					
70101353004	HB29	8/14/2019 9:00:00	Analysis	**Absent**	**Absent**	**0.68**
Routine	McFarland	Collected by: CLIENT	Time	**8/15/2019 1:35:00 PM**	**8/15/2019 1:35:00 PM**	**8/14/2019 9:00:00 AM**
Distribution	Ridgewood La.					
70101353005	HB16	8/14/2019 9:15:00	Analysis	**Absent**	**Absent**	**0.83**
Routine	Spellman's Marine	Collected by: CLIENT	Time	**8/15/2019 1:35:00 PM**	**8/15/2019 1:35:00 PM**	**8/14/2019 9:15:00 AM**
Distribution	Rampasture Rd.					
70101353006	HB34	8/14/2019 9:30:00	Analysis	**Absent**	**Absent**	**0.88**
Routine		Collected by: CLIENT	Time	**8/15/2019 1:35:00 PM**	**8/15/2019 1:35:00 PM**	**8/14/2019 9:30:00 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
G = Granular Activated
FM = Iron/Manganese Removal
N = Nitrate Removal
O = Other

Test results meet the requirements of NELAC unless otherwise noted.

Stu Murrell

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Federal ID : 5103704

Lab Project No. : 70101353

Received :08/14/2019 5:55
Sample Type :Drinking Water

Date Reported: 08/15/2019

Lab	Location	Collected		E.coli	Total Coliforms	Field Residual
			Units	N/A	N/A	mg/L
			Metho	SM22 9223B Colilert	SM22 9223B Colilert	
			Limits	Absent	Absent	4
70101353007	HB31	8/14/2019 9:45:00		**Absent**	**Absent**	**1.12**
Routine	C. Morgan	Collected by: CLIENT	Analysis Time	**8/15/2019 1:35:00 PM**	**8/15/2019 1:35:00 PM**	**8/14/2019 9:45:00 AM**
Distribution						
70101353008	HB33	8/14/2019 10:00:00		**Absent**	**Absent**	**0.87**
Routine	Rydberg; 8 Pawnee St.	Collected by: CLIENT	Analysis Time	**8/15/2019 1:35:00 PM**	**8/15/2019 1:35:00 PM**	**8/14/2019 10:00:00**
Distribution						
70101353009	HB21	8/14/2019 10:15:00		**Absent**	**Absent**	**1.35**
Routine	H.B. Fire Dept.	Collected by: CLIENT	Analysis Time	**8/15/2019 1:35:00 PM**	**8/15/2019 1:35:00 PM**	**8/14/2019 10:15:00**
Distribution	Montauk Hwy.					
70101353010	HB5A	8/14/2019 10:30:00		**Absent**	**Absent**	**0.49**
Routine	Sunday's By The Bay	Collected by: CLIENT	Analysis Time	**8/15/2019 1:35:00 PM**	**8/15/2019 1:35:00 PM**	**8/14/2019 10:30:00**
Distribution	Dune Rd.					

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

Treatments
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FM = Iron/Manganese Removal
N = Nitrate Removal
G = Granular Activated
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WorkOrder :
70101353

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

Date Reported: 08/15/2019

WO#:70101353

70101353

Sample Request Form
PUBLIC WATER SUPPLIER

Date: 7-14-19 15:30 Q BACK IN 1735

Collected By: G. VALENTINO

Accepted By:

Cooler Temp: 5.1 °C

❑ WELL OFF LINE _____

❑ WELL RUN TO SYSTEM _____

❑ YES ❑ NO VOC'S PRESERVED WITH HCl

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.
8-14-19 815	PW	#12	D	-	RO	.64	7.95	BACT w/cl	001
8-14-19 830	PW	#13	D	-	RO	.67	7.09	BACT w/cl	002
8-14-19 845	PW	#28	D	-	RO	.41	7.11	BACT w/cl	003
8-14-19 900	PW	#29	D	-	RO	.68	7.21	BACT w/cl	004
8-14-19 915	PW	#16	D	-	RO	.63	7.18	BACT w/cl	005
8-14-19 930	PW	#34	D	-	RO	.88	7.21	BACT w/cl	006
8-14-19 945	PW	#31	D	-	RO	1.12	7.38	BACT w/cl	007
8-14-19 1000	PW	#33	D	-	RO	.87	7.47	BACT w/cl	008
8-14-19 1015	PW	#21	D	-	RO	1.75	7.33	BACT w/cl	009
8-14-19 1030	PW	#5A	D	-	RO	.49	7.27	BACT w/cl	010

Remarks:

Pace Analytical

Sample Condition Upon R

WO#:70101353
PM: SWM Due Date: 09/13/19
CLIENT: HBW

Client Name: 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): 5.1 Cooler Temperature Corrected (°C): 5.3

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: JK 8/14/19

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:	☒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_2SO_4 ☐ NaOH ☐ HCl
pH paper Lot #				Sample #
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	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 #				
Residual chlorine strips Lot #				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: