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 : Supt. McCuen
Federal ID : 5103704

Lab Project No. : 70123979

Received :03/04/2020 4:30
Sample Type :Drinking Water

Date Reported: 03/05/2020

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
70123979001	HB27	3/4/2020 7:45:00 AM	Analysis	**Absent**	**Absent**	**0.63**
Routine	Suffolk Cty. Hwy. Dept.	Collected by: CLIENT	Time	**3/5/2020 11:55:00 AM**	**3/5/2020 11:55:00 AM**	**3/4/2020 7:45:00 AM**
Distribution	North Hwy.					
70123979002	HB2	3/4/2020 8:00:00 AM	Analysis	**Absent**	**Absent**	**0.47**
Routine	R. Loetscher	Collected by: CLIENT	Time	**3/5/2020 11:55:00 AM**	**3/5/2020 11:55:00 AM**	**3/4/2020 8:00:00 AM**
Distribution	Wakeman Rd.					
70123979003	HB3	3/4/2020 8:15:00 AM	Analysis	**Absent**	**Absent**	**0.39**
Routine	U.S.C.G.	Collected by: CLIENT	Time	**3/5/2020 11:55:00 AM**	**3/5/2020 11:55:00 AM**	**3/4/2020 8:15:00 AM**
Distribution	Foster Ave.					
70123979004	HB4	3/4/2020 8:30:00 AM	Analysis	**Absent**	**Absent**	**0.59**
Routine	H.B. Elem School	Collected by: CLIENT	Time	**3/5/2020 11:55:00 AM**	**3/5/2020 11:55:00 AM**	**3/4/2020 8:30:00 AM**
Distribution	Ponquogue Ave.					
70123979005	HB5	3/4/2020 8:45:00 AM	Analysis	**Absent**	**Absent**	**0.36**
Routine	H.B. High School	Collected by: CLIENT	Time	**3/5/2020 11:55:00 AM**	**3/5/2020 11:55:00 AM**	**3/4/2020 8:45:00 AM**
Distribution	Argonne Rd.					
70123979006	HB6	3/4/2020 9:00:00 AM	Analysis	**Absent**	**Absent**	**0.39**
Routine	Strong Oil	Collected by: CLIENT	Time	**3/5/2020 11:55:00 AM**	**3/5/2020 11:55:00 AM**	**3/4/2020 9:00:00 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
FM = Iron/Manganese Removal
N = Nitrate Removal
G = Granular Activated
O = Other

Test results meet the requirements of NELAC unless otherwise noted.

Kimberley Mack

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Federal ID : 5103704

Lab Project No. : 70123979

Received :03/04/2020 4:30
Sample Type :Drinking Water

Date Reported: 03/05/2020

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
70123979007	HB7	3/4/2020 9:20:00 AM	Analysis	**Absent**	**Absent**	**0.47**
Routine	SO. Town Parks & Rec	Collected by: CLIENT	Time	**3/5/2020 11:55:00 AM**	**3/5/2020 11:55:00 AM**	**3/4/2020 9:20:00 AM**
Distribution						
70123979008	HB8	3/4/2020 9:45:00 AM	Analysis	**Absent**	**Absent**	**0.31**
Routine	B. McCormack	Collected by: CLIENT	Time	**3/5/2020 11:55:00 AM**	**3/5/2020 11:55:00 AM**	**3/4/2020 9:45:00 AM**
Distribution	Bittersweet Ave.					
70123979009	HB9	3/4/2020 7:30:00 AM	Analysis	**Absent**	**Absent**	**0.51**
Routine	SO. Town Highway Dept.	Collected by: CLIENT	Time	**3/5/2020 11:55:00 AM**	**3/5/2020 11:55:00 AM**	**3/4/2020 7:30:00 AM**
Distribution	Jackson Ave.					
70123979010	HB10	3/4/2020 10:15:00	Analysis	**Absent**	**Absent**	**0.42**
Routine	Pete's Deli	Collected by: CLIENT	Time	**3/5/2020 11:55:00 AM**	**3/5/2020 11:55:00 AM**	**3/4/2020 10:15:00 AM**
Distribution	Montauk Hwy. West					
70123979011	HB11	3/4/2020 10:00:00	Analysis	**Absent**	**Absent**	**0.46**
Routine	Riverhead Building Supply	Collected by: CLIENT	Time	**3/5/2020 11:55:00 AM**	**3/5/2020 11:55:00 AM**	**3/4/2020 10:00:00 AM**
Distribution	Montauk Hwy. West					

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.

Kimberley Mack

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WorkOrder :
70123979

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

Date Reported: 03/05/2020

WO#:70123979

Sample Request Form
PUBLIC WATER SUPPLIER

Date: 3-4-20

Collected By: K. TUTHILL

Accepted By: 1355

Cooler Temp: 2.7 °C

C/S ☐ WELL OFF LINE

3/4/20 ☐ WELL RUN TO SYSTEM

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

Back: 1630

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946

Phone #: (631) 728-0179

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.
7:45AM 3-4-20	PW	#27	D	-	RO	.63	7.13	BACT W/CL	001
8:00AM 3-4-20	PW	#2	D	-	RO	.47	7.10	BACT W/CL	002
8:15AM 3-4-20	PW	#3	D	-	RO	.39	7.09/7.12	BACT W/CL, IOC'S	003
8:30AM 3-4-20	PW	#4	D	-	RO	.59	7.02	BACT W/CL	004
8:45AM 3-4-20	PW	#5	D	-	RO	.36	7.01	BACT W/CL	005
9:00AM 3-4-20	PW	#6	D	-	RO	.39	7.10	BACT W/CL	007
9:20AM 3-4-20	PW	#7	D	-	RO	.47	7.15	BACT W/CL	008
9:45AM 3-4-20	PW	#8	D	-	RO	.31	7.19/7.22	BACT W/CL, IOC'S	009
7:30AM 3-4-20	PW	#9	D	-	RO	.51	7.11	BACT W/CL	010
10:15AM 3-4-20	PW	#10	D	-	RO	.42	7.01	BACT W/CL	011
10:30AM 3-4-20	PW	#11	D	-	RO	.46	7.21	BACT W/CL	012

Remarks:

Sample Condition Upon Receipt

Pace Analytical

Client Name: HBW

Pro

WO#:70123979

PM: KMM Due Date: 04/03/20

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): 2.7 Cooler Temperature Corrected (°C): 2.9

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: CA 3/4/20

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 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:

* PM (Project Manager) review is documented electronically in LIMS.