



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

Sample Information:

Type: Drinking Water

Origin: Distribution

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 07/08/2020 07:35 AM Point BLEND EFF

Received : 07/08/2020 04:15 PM Location

Collected By CLIENT

Lab No. : 70137447001

Client Sample ID.: BLEND EFF

Analytical Method:Field Method

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Field Residual Chlorine	1.08	N3	1	mg/L	4	07/08/2020 7:35 AM	001 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 07/08/2020 5:52 PM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	07/09/2020 11:52	001 SP5T1/1
Total Coliforms	Absent		1		Absent	07/09/2020 11:52	001 SP5T1/1

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.

Kimberley Mack

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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WorkOrder :

70137447

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



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Qualifiers

N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.

WO#: 70137447



70137447

Sample Request Form PUBLIC WATER SUPPLIER

☐ WELL OFF LINE

Date: 7-8-20

Collected By: W Booth

☒ WELL RUN TO SYSTEM ALL

Accepted By: W Booth

Wells

Cooler Temp: 4.2 °C

☒ YES ☐ NO VOC'S PRESERVED WITH HCl

Back 1615

Client Info: HAMPTON BAYS WATER DISTRICT

Name or Code: P.O. BOX 1013

Address: 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 pH/Temp	Analysis	Lab No.
7-8-20 8:05	GW	S-15687	RW	-	RO		BACT, POC, NIN, ILM, PFC	
7-8-20 7:55	GW	S-24848	RW	-	RO		BACT, POC, NIN, ILM, PFC	
7-8-20 7:20	GW	S-31636	RW	-	RO		BACT, POC, NIN, ILM, PFC	
7-8-20 5:30	GW	S-51970	RW	-	RO		BACT, POC	
7-8-20 5:40	GW	S-74071	RW	-	RO		BACT, POC	
7-8-20 6:37	GW	S-58350	RW	-	RO		BACT, POC	
7-8-20 6:30	GW	S-58351	RW	-	RO		BACT, POC	
7-8-20 6:45	GW	S-58352	RW	-	RO		BACT, POC	
7-8-20 6:00	GW	S-108065	RW	-	RO		BACT, POC	
7-8-20 6:10	GW	S-108066	RW	-	RO		BACT, POC	
7-8-20 5:15	GW	S-127163	RW	-	RO		BACT, POC	
7-8-20 7:45	GW	BLEND INF	RW	-	RO		BACT, NIN, ILM, PFC	
7-8-20 7:35	PW	BLEND EFF	D	-	RO	1.08 7.10	BACT, NIN, ILM, PFC	OC1
7-8-20 6:12	PW	BLEND EFF	D	-	RO	.90 7.69	ILM	



Sample Condition Upon Receipt

Client Name:

HBW

Project

WO#: 70137447

PM: KMM

Due Date: 08/07/20

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:

+0.4

☐ Samples on ice, cooling process has begun

Cooler Temperature (°C):

4.2

Cooler Temperature Corrected (°C):

4.6

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:

7/8/20 SP

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		
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: