

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. : 70141552

Received :08/12/2020 4:08
 Sample Type :Drinking Water

Date Reported:08/18/2020

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>	Absent	Absent	4
70141552001	HB9	8/12/2020 7:30:00		Absent	Absent	0.48
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT	Analysis Time	8/13/2020 12:23:00	8/13/2020 12:23:00	8/12/2020 7:30:00 AM
70141552002	HB27	8/12/2020 9:00:00		Absent	Absent	0.64
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT	Analysis Time	8/13/2020 12:23:00	8/13/2020 12:23:00	8/12/2020 9:00:00 AM
70141552003	HB2	8/12/2020 7:45:00		Absent	Absent	0.72
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT	Analysis Time	8/13/2020 12:23:00	8/13/2020 12:23:00	8/12/2020 7:45:00 AM
70141552004	HB3	8/12/2020 8:00:00		Absent	Absent	0.51
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT	Analysis Time	8/13/2020 12:23:00	8/13/2020 12:23:00	8/12/2020 8:00:00 AM
70141552005	HB4	8/12/2020 8:15:00		Absent	Absent	0.76
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT	Analysis Time	8/13/2020 12:23:00	8/13/2020 12:23:00	8/12/2020 8:15:00 AM
70141552006	HB5	8/12/2020 8:30:00		Absent	Absent	0.59
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT	Analysis Time	8/13/2020 12:23:00	8/13/2020 12:23:00	8/12/2020 8:30:00 AM

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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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
70141552007	HB6	8/12/2020 8:45:00		Absent	Absent	0.66
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	8/13/2020 12:23:00	8/13/2020 12:23:00	8/12/2020 8:45:00 AM
Distribution	Montauk Hwy. East					
70141552008	HB7	8/12/2020 9:15:00		Absent	Absent	0.54
Routine	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	8/13/2020 12:23:00	8/13/2020 12:23:00	8/12/2020 9:15:00 AM
Distribution						
70141552009	HB8	8/12/2020 9:30:00		Absent	Absent	0.67
Routine	B. McCormack	Collected by: CLIENT	Analysis Time	8/13/2020 12:23:00	8/13/2020 12:23:00	8/12/2020 9:30:00 AM
Distribution	Bittersweet Ave.					
70141552010	HB10	8/12/2020 10:00:00		Absent	Absent	0.50
Routine	Pete's Deli	Collected by: CLIENT	Analysis Time	8/13/2020 12:23:00	8/13/2020 12:23:00	8/12/2020 10:00:00
Distribution	Montauk Hwy. West					
70141552011	HB11	8/12/2020 9:45:00		Absent	Absent	0.86
Routine	Riverhead Building Supply	Collected by: CLIENT	Analysis Time	8/13/2020 12:23:00	8/13/2020 12:23:00	8/12/2020 9:45:00 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	
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FM = Iron/Manganese Removal	
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Kimberley Mack



575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
www.pacelabs.com

WorkOrder :

70141552

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



Date: 8-12-20 WELL OFF LINE

Collected By: K. TUTTILL WELL RUN TO SYSTEM

Accepted By: [Signature] 8/12/20
1400

Cooler Temp: 3.7 °C YES NO VOC'S PRESERVED WITH HCl

Bill 1608

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 Type	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.
7:30AM 8-12-20	PW	#9	D	-	RO	.48 7.33	Boer w/c	001
9:00AM 8-12-20	PW	#27	D	-	RO	.64 7.24	Boer w/c	002
7:45AM 8-12-20	PW	#2	D	-	RO	.72 7.11	Boer w/c	003
8:00AM 8-12-20	PW	#3	D	-	RO	.51 7.17	Boer w/c, THM + HAAS CHLORATE	004
8:15AM 8-12-20	PW	#4	D	-	RO	.76 7.16	Boer w/c	005
8:50AM 8-12-20	PW	#5	D	-	RO	.59 7.17	Boer w/c	006
9:45AM 8-12-20	PW	#6	D	-	RO	.66 7.18	Boer w/c	007
9:15AM 8-12-20	PW	#7	D	-	RO	.54 7.26	Boer w/c	008
9:30AM 8-12-20	PW	#8	D	-	RO	.67 7.26	Boer w/c THM + HAAS CHLORATE	009
10:00AM 8-12-20	PW	#10	D	-	RO	.50 7.30	Boer w/c	010
9:45AM 8-12-20	PW	#11	D	-	RO	.86 7.46	Boer w/c	011

Remarks:



Sample Condition Upon Receipt

WO#: 70141552

Client Name: HBW

Project

PM: KMM

Due Date: 09/11/20

CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____

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

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Thermometer Used: TH091 Correction Factor: +0.4

Cooler Temperature (°C): 3.7 Cooler Temperature Corrected (°C): 4.1

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: AK 8/12/20

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	10.
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	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 WT OIL		
All containers needing preservation have been checked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> N/A	Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #		Positive for Res. Chlorine? Y N
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 checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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.