

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. : 70142680

Received :08/19/2020 4:46
 Sample Type :Drinking Water

Date Reported: 08/20/2020

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
70142680001	HB12	8/19/2020 7:30:00	Analysis Time	Absent	Absent	0.48
Routine Distribution	M. Layburn Squires Pond Rd.	Collected by: CLIENT		8/20/2020 12:30:00	8/20/2020 12:30:00	8/19/2020 7:30:00 AM
70142680002	HB13	8/19/2020 7:45:00	Analysis Time	Absent	Absent	0.46
Routine Distribution	H.B. Bagel W. Montauk Hwy.	Collected by: CLIENT		8/20/2020 12:30:00	8/20/2020 12:30:00	8/19/2020 7:45:00 AM
70142680003	HB28	8/19/2020 8:00:00	Analysis Time	Absent	Absent	0.51
Routine Distribution	Huebner Oakwood Rd.	Collected by: CLIENT		8/20/2020 12:30:00	8/20/2020 12:30:00	8/19/2020 8:00:00 AM
70142680004	HB29	8/19/2020 8:15:00	Analysis Time	Absent	Absent	0.53
Routine Distribution	McFarland Ridgewood La.	Collected by: CLIENT		8/20/2020 12:30:00	8/20/2020 12:30:00	8/19/2020 8:15:00 AM
70142680005	HB16	8/19/2020 8:30:00	Analysis Time	Absent	Absent	0.49
Routine Distribution	Spellman's Marine Rampasture Rd.	Collected by: CLIENT		8/20/2020 12:30:00	8/20/2020 12:30:00	8/19/2020 8:30:00 AM
70142680006	HB34	8/19/2020 8:45:00	Analysis Time	Absent	Absent	0.45
Routine Distribution		Collected by: CLIENT		8/20/2020 12:30:00	8/20/2020 12:30:00	8/19/2020 8:45:00 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
 Kimberley Mack

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Lab	Location	Collected	Units	E.coli	Total Coliforms	Field Residual
			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	SM22 9223B Colilert	SM22 9223B Colilert	
70142680007	HB31	8/19/2020 9:00:00		Absent	Absent	4
Routine Distribution		Collected by: CLIENT	Analysis Time	Absent	Absent	0.64
				8/20/2020 12:30:00	8/20/2020 12:30:00	8/19/2020 9:00:00 AM
70142680008	SPB#1	8/19/2020 9:15:00		Absent	Absent	0.75
Routine Distribution		Collected by: CLIENT	Analysis Time	Absent	Absent	0.75
				8/20/2020 12:30:00	8/20/2020 12:30:00	8/19/2020 9:15:00 AM
70142680009	HB21	8/19/2020 8:45:00		Absent	Absent	0.68
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	Absent	Absent	0.68
				8/20/2020 12:30:00	8/20/2020 12:30:00	8/19/2020 9:45:00 AM
70142680010	HB5A	8/19/2020 9:30:00		Absent	Absent	0.40
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	Absent	Absent	0.40
				8/20/2020 12:30:00	8/20/2020 12:30:00	8/19/2020 9:30:00 AM

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

WorkOrder :

70142680

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



70142680



70142680

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 Request Form PUBLIC WATER SUPPLIER

Date: 8-19-20
Collected By: K. TUTHILL
Accepted By: [Signature] 8/19/20 1415
Cooler Temp: 2.8 °C

WELL OFF LINE
 WELL RUN TO SYSTEM
 YES NO VOC'S PRESERVED WITH HCl

Rel. [Signature] 8/19/20 1646

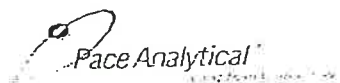
Sample Types	Purpose	Origin	Treatment Types
PW - Potable Water	RO - Routine	D - Distribution	AST - Air Stripper
GW - Groundwater	RE - Resample	RW - Raw Well	GAC - Granular Activated Charcoal
SW - Surface Water	S - Special	TW - Treated Well	N - Nitrate Removal Plant
WW - Waste Water		T - Tank	FE - Iron 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.
8-19-20 7:30AM	PW	#12	D	-	RO	.48	7.30	BACT w/Cl	
8-19-20 7:45AM	PW	#13	D	-	RO	.46	7.33	BACT w/Cl	
8-19-20 8:00AM	PW	#28	D	-	RO	.51	7.22	BACT w/Cl	
8-19-20 8:15AM	PW	#29	D	-	RO	.53	7.43	BACT w/Cl	
8-19-20 8:30AM	PW	#14	D	-	RO	.49	7.35	BACT w/Cl	
8-19-20 8:45AM	PW	#34	D	-	RO	.45	7.04	BACT w/Cl	
8-19-20 9:00AM	PW	#31	D	-	RO	.64	7.11	BACT w/Cl	
8-19-20 9:15AM	PW	SPB #1	D	-	RO	.75	7.28	BACT w/Cl	
8-19-20 9:45AM	PW	#21	D	-	RO	.68	7.40	BACT w/Cl	
8-19-20 9:30AM	PW	#5A	D	-	RO	.40	7.13	BACT w/Cl	

Remarks:

Sample Condition Upon Receipt



Client Name: HBW

Pro

WO#: 70142680

PM: KMM

Due Date: 09/18/20

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

Temperature Blank Present: Yes No

Type of Ice: Wet Blue None

Samples on ice, cooling process has begun

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: T.I 8/19/20 1646

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 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. Note if sediment is visible in the dissolved container.
Filtered volume received for Dissolved tests: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	12.
Sample Labels match COC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
-Includes date/time/ID/Analysis Matrix SL <u>WT</u> OIL	Sample #
All containers needing preservation have been checked: <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: _____
pH paper Lot #	
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) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis.	14. Positive for Res. Chlorine? Y N
Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
KI starch test strips Lot #	
Residual chlorine strips Lot #	
Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
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): _____	

Field Data Required? Y / N

Date/Time: _____

Client Notification/ Resolution: _____

Person Contacted: _____

Comments/ Resolution: _____

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