

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. : 70144675

Received :09/02/2020 4:10
 Sample Type :Drinking Water

Date Reported: 09/08/2020

Lab	Location	Collected	Units	E.coli	Total Coliforms	Field Residual
			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	Absent	Absent	4
70144675001	HB9	9/2/2020 9:30:00 AM		Absent	Absent	0.45
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT	Analysis Time	9/3/2020 12:50:00 PM	9/3/2020 12:50:00 PM	9/2/2020 7:30:00 AM
70144675002	HB27	9/2/2020 8:15:00 AM		Absent	Absent	0.80
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT	Analysis Time	9/3/2020 12:50:00 PM	9/3/2020 12:50:00 PM	9/2/2020 8:15:00 AM
70144675003	HB2	9/2/2020 7:45:00 AM		Absent	Absent	0.69
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT	Analysis Time	9/3/2020 12:50:00 PM	9/3/2020 12:50:00 PM	9/2/2020 7:45:00 AM
70144675004	HB3	9/2/2020 8:00:00 AM		Absent	Absent	0.38
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT	Analysis Time	9/3/2020 12:50:00 PM	9/3/2020 12:50:00 PM	9/2/2020 8:00:00 AM
70144675005	HB4	9/2/2020 8:30:00 AM		Absent	Absent	0.61
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT	Analysis Time	9/3/2020 12:50:00 PM	9/3/2020 12:50:00 PM	9/2/2020 8:30:00 AM
70144675006	HB5	9/2/2020 8:45:00 AM		Absent	Absent	0.80
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT	Analysis Time	9/3/2020 12:50:00 PM	9/3/2020 12:50:00 PM	9/2/2020 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
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			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	Absent	Absent	4
70144675007	HB6	9/2/2020 9:05:00 AM		Absent	Absent	0.74
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	9/3/2020 12:50:00 PM	9/3/2020 12:50:00 PM	9/2/2020 9:05:00 AM
Distribution	Montauk Hwy. East					
70144675008	HB7	9/2/2020 9:20:00 AM		Absent	Absent	0.54
Routine	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	9/3/2020 12:50:00 PM	9/3/2020 12:50:00 PM	9/2/2020 9:20:00 AM
Distribution						
70144675009	HB8	9/2/2020 9:35:00 AM		Absent	Absent	0.81
Routine	B. McCormack	Collected by: CLIENT	Analysis Time	9/3/2020 12:50:00 PM	9/3/2020 12:50:00 PM	9/2/2020 9:35:00 AM
Distribution	Bittersweet Ave.					
70144675010	HB10	9/2/2020 9:50:00 AM		Absent	Absent	0.70
Routine	Pete's Deli	Collected by: CLIENT	Analysis Time	9/3/2020 12:50:00 PM	9/3/2020 12:50:00 PM	9/2/2020 9:50:00 AM
Distribution	Montauk Hwy. West					
70144675011	HB11	9/2/2020 10:05:00		Absent	Absent	0.68
Routine	Riverhead Building Supply	Collected by: CLIENT	Analysis Time	9/3/2020 12:50:00 PM	9/3/2020 12:50:00 PM	9/2/2020 10:05:00 AM
Distribution	Montauk Hwy. West					

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FM = Iron/Manganese Removal	
N = Nitrate Removal	O = Other

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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 :

70144675

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

BACK IN LAB 161D

Sample Request Form PUBLIC WATER SUPPLIER

Date: 9-2-20

Collected By: K. TUTTILL

Accepted By: [Signature]

Cooler Temp: 2.6 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

WO#: 70144675



70144675

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 pH/Temp	Analysis	Lab No.
7:30AM 9-2-20	PW	#9	D	-	RO	.45 7.60	BACT w/ccl	
8:15AM 9-2-20	PW	#27	D	-	RO	.80 7.25	BACT w/ccl	
7:45AM 9-2-20	PW	#2	D	-	RO	.69 7.35	BACT w/ccl	
9:00AM 9-2-20	PW	#3	D	-	RO	.38 7.24	BACT w/ccl	
8:30AM 9-2-20	PW	#4	D	-	RO	.61 7.29	BACT w/ccl	
8:45AM 9-2-20	PW	#5	D	-	RO	.80 7.28	BACT w/ccl	
9:05AM 9-2-20	PW	#6	D	-	RO	.74 7.24	BACT w/ccl	
8:20AM 9-2-20	PW	#7	D	-	RO	.54 7.49	BACT w/ccl	
9:35AM 9-2-20	PW	#8	D	-	RO	.81 7.67	BACT w/ccl	
9:50AM 9-2-20	PW	#10	D	-	RO	.70 7.44	BACT w/ccl	
10:05AM 9-2-20	PW	#11	D	-	RO	.68 7.48	BACT w/ccl	

Remarks:



Sample Condition Upon Receipt

Client Name: HApton PAYS WATER Project

WO#: **70144675**

PM: KMM
CLIENT: HBW

Due Date: 10/02/20

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): 2.6 Cooler Temperature Corrected (°C): 3.0

Temperature Blank Present: Yes No

Type of Ice: Wet Blue None

Samples on ice, cooling process has begun

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: 10/9/20

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 type="checkbox"/> Yes <input checked="" 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		
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.	
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.	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 #			
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Sample #
			Initial when completed: Lot # of added preservative: Date/Time preservative added
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.