

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. : 70145260

Received :09/09/2020 5:00
 Sample Type :Drinking Water

Date Reported:09/11/2020

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>	SM22 9223B Colilert	SM22 9223B Colilert	
				Absent	Absent	4
70145260001	HB12	9/9/2020 7:30:00 AM		Absent	Absent	0.52
Routine	M. Layburn	Collected by: CLIENT	Analysis Time	9/10/2020 12:45:00	9/10/2020 12:45:00	9/9/2020 7:30:00 AM
Distribution	Squires Pond Rd.					
70145260002	HB13	9/9/2020 7:45:00 AM		Absent	Absent	0.45
Routine	H.B. Bagel	Collected by: CLIENT	Analysis Time	9/10/2020 12:45:00	9/10/2020 12:45:00	9/9/2020 7:45:00 AM
Distribution	W. Montauk Hwy.					
70145260003	HB28	9/9/2020 8:00:00 AM		Absent	Absent	0.42
Routine	Huebner	Collected by: CLIENT	Analysis Time	9/10/2020 12:45:00	9/10/2020 12:45:00	9/9/2020 8:00:00 AM
Distribution	Oakwood Rd.					
70145260004	HB29	9/9/2020 8:30:00 AM		Absent	Absent	0.31
Routine	McFarland	Collected by: CLIENT	Analysis Time	9/10/2020 12:45:00	9/10/2020 12:45:00	9/9/2020 8:30:00 AM
Distribution	Ridgewood La.					
70145260005	HB16	9/9/2020 8:15:00 AM		Absent	Absent	0.58
Routine	Spellman's Marine	Collected by: CLIENT	Analysis Time	9/10/2020 12:45:00	9/10/2020 12:45:00	9/9/2020 8:15:00 AM
Distribution	Rampasture Rd.					
70145260006	HB34	9/9/2020 8:45:00 AM		Absent	Absent	0.54
Routine	Kappers - 23 Washington Ave.	Collected by: CLIENT	Analysis Time	9/10/2020 12:45:00	9/10/2020 12:45:00	9/9/2020 8:45:00 AM
Distribution						

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>	SM22 9223B Colilert	SM22 9223B Colilert	
70145260007	HB31	9/9/2020 9:00:00 AM		Absent	Absent	4
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	Absent	Absent	0.79
				9/10/2020 12:45:00	9/10/2020 12:45:00	9/9/2020 9:00:00 AM
70145260008	SPB#1	9/9/2020 9:30:00 AM		Absent	Absent	0.54
Routine Distribution	Adj. Hydrant# 465	Collected by: CLIENT	Analysis Time	Absent	Absent	0.54
				9/10/2020 12:45:00	9/10/2020 12:45:00	9/9/2020 9:30:00 AM
70145260009	HB21	9/9/2020 10:00:00		Absent	Absent	0.40
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	Absent	Absent	0.40
				9/10/2020 12:45:00	9/10/2020 12:45:00	9/9/2020 10:00:00 AM
70145260010	HB5A	9/9/2020 9:15:00 AM		Absent	Absent	0.47
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	Absent	Absent	0.47
				9/10/2020 12:45:00	9/10/2020 12:45:00	9/9/2020 9:15:00 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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575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
www.pacelabs.com

WorkOrder :

70145260

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

epsu
1324
9/9/20
Back k.1700

WELL OFF LINE

WELL RUN TO SYSTEM

Date: 9-9-20

Collected By: K. TOTHILL

Accepted By: *[Signature]*

Cooler Temp: 3.7 °C

YES NO VOC'S PRESERVED WITH HCl

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	

Para Analytics!
WO#: 70145260

 70145260

Client: _____
 Name or Code: HAMPTON BAYS WATER DISTRICT
P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946
(631) 728-0179
 Phone #: _____
 Attn: _____
 Proj. # or (Name): _____
 Bill To: _____
 Copies To: _____

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	pH/Temp	Analysis	Lab No.
7:30AM 9-9-20	PW	#13	D	-	RO	.52	7.13	Bact w/c	
7:45AM 9-9-20	PW	#13	D	-	RO	.45	7.15	Bact w/c	
8:00AM 9-9-20	PW	#28	D	-	RO	.42	7.17	Bact w/c	
8:30AM 9-9-20	PW	#29	D	-	RO	.31	7.10	Bact w/c	
8:45AM 9-9-20	PW	#16	D	-	RO	.58	7.13	Bact w/c	
8:50AM 9-9-20	PW	#34	D	-	RO	.54	6.97	Bact w/c	
9:00AM 9-9-20	PW	#31	D	-	RO	.79	6.85	Bact w/c	
9:30AM 9-9-20	PW	SPB #1	D	-	RO	.54	7.11	Bact w/c	
10:00AM 9-9-20	PW	#21	D	-	RO	.40	7.13	Bact w/c	
9:15AM 9-9-20	PW	#5A	D	-	RO	.47	6.85	Bact w/c	
Remarks: _____									

Sample Condition Upon Receipt



Client Name: HBW

Project **WO#: 70145260**
 PM: KMM Due Date: 10/09/20
 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

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: ed 9/9/20

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 type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input 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 type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Containers Intact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input 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 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 type="checkbox"/> N/A	
Excoptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		Initial when completed: Lot # of added preservative: Date/Time preservative added
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #		
Residual chlorine strips Lot #		
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):		

Client Notification/ Resolution: _____ Field Data Required? Y / N
 Person Contacted: _____ Date/Time: _____
 Comments/ Resolution: _____