

## 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. : 70148663**

Received :10/07/2020 4:45  
 Sample Type :Drinking Water

Date Reported: 10/09/2020

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
<b>70148663001</b>	HB9	10/7/2020 7:30:00		<b>Absent</b>	<b>Absent</b>	<b>0.58</b>
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT	Analysis Time	<b>10/8/2020 11:55:00</b>	<b>10/8/2020 11:55:00</b>	<b>10/7/2020 7:30:00 AM</b>
<b>70148663002</b>	HB27	10/7/2020 8:15:00		<b>Absent</b>	<b>Absent</b>	<b>0.52</b>
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT	Analysis Time	<b>10/8/2020 11:55:00</b>	<b>10/8/2020 11:55:00</b>	<b>10/7/2020 8:15:00 AM</b>
<b>70148663003</b>	HB2	10/7/2020 7:45:00		<b>Absent</b>	<b>Absent</b>	<b>0.69</b>
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT	Analysis Time	<b>10/8/2020 11:55:00</b>	<b>10/8/2020 11:55:00</b>	<b>10/7/2020 7:45:00 AM</b>
<b>70148663004</b>	HB3	10/7/2020 8:00:00		<b>Absent</b>	<b>Absent</b>	<b>0.59</b>
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT	Analysis Time	<b>10/8/2020 11:55:00</b>	<b>10/8/2020 11:55:00</b>	<b>10/7/2020 8:00:00 AM</b>
<b>70148663005</b>	HB4	10/7/2020 8:30:00		<b>Absent</b>	<b>Absent</b>	<b>0.53</b>
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT	Analysis Time	<b>10/8/2020 11:55:00</b>	<b>10/8/2020 11:55:00</b>	<b>10/7/2020 8:30:00 AM</b>
<b>70148663006</b>	HB5	10/7/2020 8:45:00		<b>Absent</b>	<b>Absent</b>	<b>0.80</b>
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT	Analysis Time	<b>10/8/2020 11:55:00</b>	<b>10/8/2020 11:55:00</b>	<b>10/7/2020 8:45:00 AM</b>

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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			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	Absent	Absent	4
<b>70148663007</b>	HB6	10/7/2020 9:00:00		<b>Absent</b>	<b>Absent</b>	<b>0.62</b>
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	<b>10/8/2020 11:55:00</b>	<b>10/8/2020 11:55:00</b>	<b>10/7/2020 9:00:00 AM</b>
Distribution	Montauk Hwy. East					
<b>70148663008</b>	HB7	10/7/2020 9:15:00		<b>Absent</b>	<b>Absent</b>	<b>0.66</b>
Routine	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	<b>10/8/2020 11:55:00</b>	<b>10/8/2020 11:55:00</b>	<b>10/7/2020 9:15:00 AM</b>
Distribution						
<b>70148663009</b>	HB8	10/7/2020 9:35:00		<b>Absent</b>	<b>Absent</b>	<b>0.67</b>
Routine	B. McCormack	Collected by: CLIENT	Analysis Time	<b>10/8/2020 11:55:00</b>	<b>10/8/2020 11:55:00</b>	<b>10/7/2020 9:35:00 AM</b>
Distribution	Bittersweet Ave.					
<b>70148663010</b>	HB10	10/7/2020 9:50:00		<b>Absent</b>	<b>Absent</b>	<b>0.58</b>
Routine	Pete's Deli	Collected by: CLIENT	Analysis Time	<b>10/8/2020 11:55:00</b>	<b>10/8/2020 11:55:00</b>	<b>10/7/2020 9:50:00 AM</b>
Distribution	Montauk Hwy. West					
<b>70148663011</b>	HB11	10/7/2020 10:10:00		<b>Absent</b>	<b>Absent</b>	<b>0.48</b>
Routine	Riverhead Building Supply	Collected by: CLIENT	Analysis Time	<b>10/8/2020 11:55:00</b>	<b>10/8/2020 11:55:00</b>	<b>10/7/2020 10:10:00</b>
Distribution	Montauk Hwy. West					

Result(s) reported meet(s) NYS Regulatory Limit(s).  
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**Kimberley Mack**



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

**WorkOrder :**

70148663

## Laboratory Certifications

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**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

WO#: 70148663



70148663

**Client Info:**

Name or Code: HAMPTON BAYS WATER DISTRICT

P.O. BOX 1013

Address: 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 <sub>2</sub> pH/Temp	Analysis	Lab No.
7:50AM 8-7-20	PW	#9	D	-	RO	.58 7.06	BACT w/ccl	001
8:15AM 8-7-20	PW	#9	D	-	RO	.52 7.12	BACT w/ccl	002
7:45AM 8-7-20	PW	#2	D	-	RO	.69 7.01	BACT w/ccl	003
8:00AM 8-7-20	PW	#3	D	-	RO	.59 7.62	BACT w/ccl	004
8:30AM 8-7-20	PW	#4	D	-	RO	.53 7.61	BACT w/ccl	005
8:45AM 8-7-20	PW	#5	D	-	RO	.80 7.11	BACT w/ccl	006
9:00AM 8-7-20	PW	#6	D	-	RO	.62 7.03	BACT w/ccl	007
9:15AM 8-7-20	PW	#7	D	-	RO	.66 2.11	BACT w/ccl	008
9:30AM 8-7-20	PW	#8	D	-	RO	.67 7.14	BACT w/ccl	009
9:50AM 8-7-20	PW	#10	D	-	RO	.58 7.21	BACT w/ccl	010
10:00AM 8-7-20	PW	#11	D	-	RO	.48 7.39	BACT w/ccl	011
Remarks: 11:10 8-7-20	PW	Len Mathis 19 Carter Ave	D	-	S	.96 7.26	BACT I F I m	012 -012 Ph 11/1/20

**Sample Request Form  
PUBLIC WATER SUPPLIER**

Date: 8-7-20

Collected By: K. TUTTILL

Accepted By: [Signature] 10/7/20

Cooler Temp: 1.9 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

**Sample Types**

- PW - Potable Water
- GW - Groundwater
- SW - Surface Water
- WW - Waste Water
- AQ - Aqueous
- S - Soil

**Purpose**

- RO - Routine
- RE - Resample
- S - Special

**Origin**

- D - Distribution
- RW - Raw Well
- TW - Treated Well
- T - Tank
- MW - Monitoring Well
- I - Influent
- E - Effluent

**Treatment Types**

- AST - Air Stripper
- GAC - Granular Activated Charcoal
- N - Nitrate Removal Plant
- FE - Iron Removal Plant
- O - Other

Return to Lab  
10/7/25  
1045



# Sample Condition Upon Receipt

Client Name: Hampton Bays Water Dist Project

**WO#: 70148663**

PM: KMM

Due Date: 11/06/20

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: -0.2

Samples on ice, cooling process has begun

Cooler Temperature (°C): 1.4

Cooler Temperature Corrected (°C): 1.2

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: IT. 10/7/20

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	
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 checked="" type="checkbox"/> No	12. <u>Date taken from the bottles, "10/7/2020"</u>
-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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <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 <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , 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. 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 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_