

## 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. : 70149522**

Received :10/14/2020 4:34  
 Sample Type :Drinking Water

Date Reported: 10/15/2020

Lab	Location	Collected	Units	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A	N/A	mg/L
			<u>Metho</u>	SM22 9223B Colilert	SM22 9223B Colilert	
			<u>Limits</u>	Absent	Absent	4
<b>70149522001</b>	HB12	10/14/2020 7:30:00		<b>Absent</b>	<b>Absent</b>	<b>0.74</b>
Routine	M. Layburn		Analysis	<b>10/15/2020 12:25:00</b>	<b>10/15/2020 12:25:00</b>	<b>10/14/2020 7:30:00</b>
Distribution	Squires Pond Rd.	Collected by: CLIENT	Time			
<b>70149522002</b>	HB13	10/14/2020 7:45:00		<b>Absent</b>	<b>Absent</b>	<b>0.49</b>
Routine	H.B. Bagel		Analysis	<b>10/15/2020 12:25:00</b>	<b>10/15/2020 12:25:00</b>	<b>10/14/2020 7:45:00</b>
Distribution	W. Montauk Hwy.	Collected by: CLIENT	Time			
<b>70149522003</b>	HB28	10/14/2020 8:00:00		<b>Absent</b>	<b>Absent</b>	<b>0.47</b>
Routine	Huebner		Analysis	<b>10/15/2020 12:25:00</b>	<b>10/15/2020 12:25:00</b>	<b>10/14/2020 8:00:00</b>
Distribution	Oakwood Rd.	Collected by: CLIENT	Time			
<b>70149522004</b>	HB29	10/14/2020 8:15:00		<b>Absent</b>	<b>Absent</b>	<b>0.54</b>
Routine	McFarland		Analysis	<b>10/15/2020 12:25:00</b>	<b>10/15/2020 12:25:00</b>	<b>10/14/2020 8:15:00</b>
Distribution	Ridgewood La.	Collected by: CLIENT	Time			
<b>70149522005</b>	HB16	10/14/2020 8:30:00		<b>Absent</b>	<b>Absent</b>	<b>0.47</b>
Routine	Spellman's Marine		Analysis	<b>10/15/2020 12:25:00</b>	<b>10/15/2020 12:25:00</b>	<b>10/14/2020 8:30:00</b>
Distribution	Rampasture Rd.	Collected by: CLIENT	Time			
<b>70149522006</b>	HB34	10/14/2020 8:45:00		<b>Absent</b>	<b>Absent</b>	<b>0.66</b>
Routine	Kappers - 23 Washington Ave.		Analysis	<b>10/15/2020 12:25:00</b>	<b>10/15/2020 12:25:00</b>	<b>10/14/2020 8:45:00</b>
Distribution		Collected by: CLIENT	Time			

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	<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
<b>70149522007</b>	HB31	10/14/2020 9:00:00		<b>Absent</b>	<b>Absent</b>	<b>0.63</b>
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	<b>10/15/2020 12:25:00</b>	<b>10/15/2020 12:25:00</b>	<b>10/14/2020 9:00:00</b>
<b>70149522008</b>	SPB1	10/14/2020 9:40:00		<b>Absent</b>	<b>Absent</b>	<b>0.46</b>
Routine Distribution	Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	<b>10/15/2020 12:25:00</b>	<b>10/15/2020 12:25:00</b>	<b>10/14/2020 8:40:00</b>
<b>70149522009</b>	HB21	10/14/2020 10:00:00		<b>Absent</b>	<b>Absent</b>	<b>0.51</b>
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	<b>10/15/2020 12:25:00</b>	<b>10/15/2020 12:25:00</b>	<b>10/14/2020 10:00:00</b>
<b>70149522010</b>	HB5A	10/14/2020 9:20:00		<b>Absent</b>	<b>Absent</b>	<b>0.33</b>
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	<b>10/15/2020 12:25:00</b>	<b>10/15/2020 12:25:00</b>	<b>10/14/2020 9:20:00</b>

Result(s) reported meet(s) NYS Regulatory Limit(s).  
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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](http://www.pacelabs.com)

**WorkOrder :**

70149522

## 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

# Sample Request Form PUBLIC WATER SUPPLIER

Del. by: *[Signature]* 16:34 10/14/20

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

Date: 10-14-20  
 Collected By: K.T. [Signature]  
 Accepted By: [Signature] 13:41 10/14/20  
 Cooler Temp: 7.4 °C

**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

**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.
7:30AM 10-14-20	PW	#12	D	-	RO	.74 7.37	BACT w/ccl	
7:45AM 10-14-20	PW	#13	D	-	RO	.49 7.49	BACT w/ccl	
8:00AM 10-14-20	PW	#28	D	-	RO	.47 7.41	BACT w/ccl	
8:15 AM 10-14-20	PW	#29	D	-	RO	.54 7.49	BACT w/ccl	
8:30AM 10-14-20	PW	#16	D	-	RO	.47 7.47	BACT w/ccl	
8:45 AM 10-14-20	PW	#34	D	-	RO	.66 7.06	BACT w/ccl	
9:00 AM 10-14-20	PW	#31	D	-	RO	.63 7.09	BACT w/ccl	
9:40 AM 10-14-20	PW	SPB #1	D	-	RO	.46 7.31	BACT w/ccl	
10:00 AM 10-14-20	PW	#21	D	-	RO	.51 7.27	BACT w/ccl	
9:20AM 10-14-20	PW	#5A	D	-	RO	.33 7.18	BACT w/ccl	

Remarks:



# Sample Condition Upon Receipt

**WO#: 70149522**  
PM: KMM Due Date: 11/13/20  
CLIENT: HBW

Client Name: Hampton Bay WV

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: -0.2  
Cooler Temperature (°C): 7.4      Cooler Temperature Corrected (°C): 7.2

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: 10/14/20 EV

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 checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		12.
-Includes date/time/ID/Analysis Matrix <u>SL WT OIL</u>				
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 <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 type="checkbox"/> N/A	Initial when completed:
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis				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: \_\_\_\_\_  
Person Contacted: \_\_\_\_\_  
Comments/ Resolution: \_\_\_\_\_  
Field Data Required? Y / N  
Date/Time: \_\_\_\_\_