

## 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. : 70152906**

Received : 11/10/2020 11:15  
 Sample Type : Drinking Water

Date Reported: 11/11/2020

Lab	Location	Collected	Units		Total Coliforms		Field Residual	
			Metho	Limits	SM22 9223B Colilert	SM22 9223B Colilert	mg/L	
70152906001	HB12	11/10/2020 7:30:00						
Routine	M. Layburn							
Distribution	Squires Pond Rd.	Collected by: CLIENT	Analysis Time	11/11/2020 12:45:00	11/11/2020 12:45:00	11/11/2020 12:45:00	11/10/2020 7:30:00	0.42
70152906002	HB13	11/10/2020 7:45:00						
Routine	H.B. Bagel							
Distribution	W. Montauk Hwy.	Collected by: CLIENT	Analysis Time	11/11/2020 12:45:00	11/11/2020 12:45:00	11/11/2020 12:45:00	11/10/2020 7:45:00	0.52
70152906003	HB28	11/10/2020 8:00:00						
Routine	Huebner							
Distribution	Oakwood Rd.	Collected by: CLIENT	Analysis Time	11/11/2020 12:45:00	11/11/2020 12:45:00	11/11/2020 12:45:00	11/10/2020 8:00:00	0.49
70152906004	HB29	11/10/2020 8:15:00						
Routine	McFarland							
Distribution	Ridgewood La.	Collected by: CLIENT	Analysis Time	11/11/2020 12:45:00	11/11/2020 12:45:00	11/11/2020 12:45:00	11/10/2020 8:15:00	0.47
70152906005	HB16	11/10/2020 8:30:00						
Routine	Spellman's Marine							
Distribution	Rampasture Rd.	Collected by: CLIENT	Analysis Time	11/11/2020 12:45:00	11/11/2020 12:45:00	11/11/2020 12:45:00	11/10/2020 8:30:00	0.50
70152906006	HB34	11/10/2020 8:45:00						
Routine	Kappers - 23 Washington Ave.							
Distribution		Collected by: CLIENT	Analysis Time	11/11/2020 12:45:00	11/11/2020 12:45:00	11/11/2020 12:45:00	11/10/2020 8:45:00	0.46

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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**Lab Project No. : 70152906**

Received : 11/10/2020 11:15  
 Sample Type : Drinking Water

Date Reported: 11/11/2020

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>	Absent	Absent	4
<b>70152906007</b>	HB31	11/10/2020 9:00:00		<b>Absent</b>	<b>Absent</b>	<b>0.60</b>
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	<b>11/11/2020 12:45:00</b>	<b>11/11/2020 12:45:00</b>	<b>11/10/2020 9:00:00</b>
<b>70152906008</b>	SPB1	11/10/2020 9:50:00		<b>Absent</b>	<b>Absent</b>	<b>0.46</b>
Routine Distribution	Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	<b>11/11/2020 12:45:00</b>	<b>11/11/2020 12:45:00</b>	<b>11/10/2020 9:50:00</b>
<b>70152906009</b>	HB21	11/10/2020 9:30:00		<b>Absent</b>	<b>Absent</b>	<b>0.47</b>
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	<b>11/11/2020 12:45:00</b>	<b>11/11/2020 12:45:00</b>	<b>11/10/2020 9:30:00</b>
<b>70152906010</b>	HB5A	11/10/2020 9:15:00		<b>Absent</b>	<b>Absent</b>	<b>0.30</b>
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	<b>11/11/2020 12:45:00</b>	<b>11/11/2020 12:45:00</b>	<b>11/10/2020 9:15:00</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



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

**WorkOrder :**

70152906

## 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



**NO#: 70152906**



Client ID: 70152906

# Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

Date: 11-10-20

Collected By: K. TUTHILL

Accepted By: [Signature]

Cooler Temp: 20.6 °C

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: P.O. BOX 1013

HAMPTON BAYS, NEW YORK 11946

(631) 728-0179

Phone #: \_\_\_\_\_

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 <sub>2</sub> pH/Temp	Analysis	Lab No.
7:30 AM 11-10-20	PW	#12	D	-	RO	.42 7.50	BACT w/c	
7:45 AM 11-10-20	PW	#13	D	-	RO	.52 7.32	BACT w/c	
8:00 AM 11-10-20	PW	#28	D	-	RO	.49 7.29	BACT w/c	
8:15 AM 11-10-20	PW	#29	D	-	RO	.47 7.36	BACT w/c	
8:30 AM 11-10-20	PW	#16	D	-	RO	.50 7.36	BACT w/c	
8:45 AM 11-10-20	PW	#34	D	-	RO	.46 7.35	BACT w/c	
9:00 AM 11-10-20	PW	#31	D	-	RO	.60 7.30	BACT w/c	
9:50 AM 11-10-20	PW	SPB #1	D	-	RO	.46 7.34	BACT w/c	
9:30 AM 11-10-20	PW	#21	D	-	RO	.47 7.27	BACT w/c	
9:15 AM 11-10-20	PW	#5A	D	-	RO	.30 7.40	BACT w/c	

Remarks:

\_\_\_\_\_



# Sample Condition Upon Receipt

Client Name: HBW

WO#: **70152906**  
PM: KMM Due Date: 12/10/20  
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): 2.6

Cooler Temperature Corrected (°C): 2.4

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: 11/10/2010 JF

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 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 <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) 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	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. 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: \_\_\_\_\_

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