

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. : 70155301

Received : 12/02/2020 4:24
 Sample Type : Drinking Water

Date Reported: 12/03/2020

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
70155301001	HB9	12/2/2020 7:30:00		Absent	Absent	0.41
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT	Analysis Time	12/3/2020 11:45:00	12/3/2020 11:45:00	12/2/2020 7:30:00 AM
70155301002	HB27	12/2/2020 7:45:00		Absent	Absent	0.56
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT	Analysis Time	12/3/2020 11:45:00	12/3/2020 11:45:00	12/2/2020 7:45:00 AM
70155301003	HB2	12/2/2020 8:00:00		Absent	Absent	0.49
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT	Analysis Time	12/3/2020 11:45:00	12/3/2020 11:45:00	12/2/2020 8:00:00 AM
70155301004	HB3	12/2/2020 8:15:00		Absent	Absent	0.41
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT	Analysis Time	12/3/2020 11:45:00	12/3/2020 11:45:00	12/2/2020 8:15:00 AM
70155301005	HB4	12/2/2020 9:15:00		Absent	Absent	0.48
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT	Analysis Time	12/3/2020 11:45:00	12/3/2020 11:45:00	12/2/2020 9:15:00 AM
70155301006	HB5	12/2/2020 8:45:00		Absent	Absent	0.64
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT	Analysis Time	12/3/2020 11:45:00	12/3/2020 11:45:00	12/2/2020 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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				N/A	N/A	mg/L
			<u>Metho</u>	SM22 9223B Colilert	SM22 9223B Colilert	
			<u>Limits</u>	Absent	Absent	4
70155301007	HB6	12/2/2020 9:00:00		Absent	Absent	0.55
Routine	Strong Oil		Analysis	12/3/2020 11:45:00	12/3/2020 11:45:00	12/2/2020 9:00:00 AM
Distribution	Montauk Hwy. East	Collected by: CLIENT	Time			
70155301008	HB7	12/2/2020 9:30:00		Absent	Absent	0.59
Routine	SO. Town Parks & Rec		Analysis	12/3/2020 11:45:00	12/3/2020 11:45:00	12/2/2020 9:30:00 AM
Distribution		Collected by: CLIENT	Time			
70155301009	HB8	12/2/2020 8:30:00		Absent	Absent	0.62
Routine	B. McCormack		Analysis	12/3/2020 11:45:00	12/3/2020 11:45:00	12/2/2020 8:30:00 AM
Distribution	Bittersweet Ave.	Collected by: CLIENT	Time			
70155301010	HB10	12/2/2020 9:50:00		Absent	Absent	0.47
Routine	Pete's Deli		Analysis	12/3/2020 11:45:00	12/3/2020 11:45:00	12/2/2020 9:50:00 AM
Distribution	Montauk Hwy. West	Collected by: CLIENT	Time			
70155301011	HB11	12/2/2020 10:10:00		Absent	Absent	0.45
Routine	Riverhead Building Supply		Analysis	12/3/2020 11:45:00	12/3/2020 11:45:00	12/2/2020 10:10:00
Distribution	Montauk Hwy. West	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



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

WorkOrder :

70155301

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

Rel. Markon Affler 12/12
1624

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Date: 12-2-20

Collected By: K. TUTTILL

Accepted By: Markon Affler 12/02/20 1325

Cooler Temp: 2.6 °C

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	

WO#: 70155301



70155301

Client Info:

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 Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
7:30AM 12-2-20	PW	#9	D	-	RO	.41 7.51	BACT w/c	
7:45AM 12-2-20	PW	#27	D	-	RO	.56 7.20	BACT w/c	
8:00AM 12-2-20	PW	#2	D	-	RO	.49 7.15	BACT w/c	
8:15AM 12-2-20	PW	#3	D	-	RO	.41 7.08	BACT w/c	
9:15AM 12-2-20	PW	#4	D	-	RO	.48 7.07	BACT w/c	
9:45AM 12-2-20	PW	#5	D	-	RO	.64 7.24	BACT w/c	
9:00AM 12-2-20	PW	#6	D	-	RO	.55 7.11	BACT w/c	
9:30AM 12-2-20	PW	#7	D	-	RO	.59 7.33	BACT w/c	
9:30AM 12-2-20	PW	#8	D	-	RO	.62 7.10	BACT w/c	
9:50AM 12-2-20	PW	#9 #10	D	-	RO	.47 7.29	BACT w/c	
10:10AM 12-2-20	PW	#10 #11	D	-	RO	.45 7.18	BACT w/c	

Remarks:



Sample Condition Upon Receipt

WO#: 70155301

Client Name: HBW

Project: _____

PM: KMM

Due Date: 01/01/21

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: -0.2

Cooler Temperature(°C): 2.6 Cooler Temperature Corrected(°C): 2.4

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: 12/20/10 JJP

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC,

Did samples originate from a foreign source including Hawaii and Puerto Rico? Yes No

NM, NY, OK, OR, SC, TN, TX, or VA (check map)? 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)	<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 type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID, Matrix: <u>SL WT OIL</u>		
All containers needing preservation have been checked? pH paper Lot #	<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 Sample #
All containers needing preservation are found to be in compliance with method recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, NAOH>12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: 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: KI starch test strips Lot # Residual chlorine strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
SM 4500 CN samples checked for sulfide? Lead Acetate Strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	17.
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: _____