



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

Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946
Attn To : Supt. McCuen

Lab No. : 70159355001
Client Sample ID.: S-58350

Federal ID : 5103704
 Collected : 01/13/2021 08:15 AM Point S-58350
 Received : 01/13/2021 04:23 PM Location Well #3-1
 Collected By CLIENT

Analytical Method: EPA 537.1		Prep Method: EPA 537.1			Prep Date: 01/18/2021 11:28		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Perfluorobutanesulfonic acid	<1.9		1	ng/L		01/21/2021 3:38 AM	001 BP3T1/2
Perfluoroheptanoic acid	<1.9		1	ng/L		01/21/2021 3:38 AM	001 BP3T1/2
Perfluorohexanesulfonic acid	<1.9		1	ng/L		01/21/2021 3:38 AM	001 BP3T1/2
Perfluorononanoic acid	<1.9		1	ng/L		01/21/2021 3:38 AM	001 BP3T1/2
Perfluorooctanesulfonic acid	<1.9		1	ng/L	10	01/21/2021 3:38 AM	001 BP3T1/2
Perfluorooctanoic acid	<1.9		1	ng/L	10	01/21/2021 3:38 AM	001 BP3T1/2
Surr: 13C2-PFDA (S)	198%	S3	1	%REC		01/21/2021 3:38 AM	001 BP3T1/2
Surr: 13C2-PFHxA (S)	190%	S3	1	%REC		01/21/2021 3:38 AM	001 BP3T1/2
Surr: HFPO-DAS (S)	199%	S3	1	%REC		01/21/2021 3:38 AM	001 BP3T1/2

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.
 ND - Not Detected at or above adjusted reporting limit.
 J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range
 U - Indicates the compound was analyzed for, but not detected

Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Result(s) reported meet(s) NYS Regulatory Limit(s).
 Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 01/28/2021



Laboratory Results

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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946
Attn To : Supt. McCuen

Lab No. : 70159355002
Client Sample ID.: S-58351

Federal ID : 5103704
 Collected : 01/13/2021 08:30 AM Point S-58351
 Received : 01/13/2021 04:23 PM Location Well #3-2
 Collected By CLIENT

Analytical Method: EPA 537.1		Prep Method: EPA 537.1			Prep Date: 01/21/2021 5:03 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Perfluorobutanesulfonic acid	<1.9		1	ng/L		01/23/2021 4:13 AM	002 BP3T1/2
Perfluoroheptanoic acid	<1.9		1	ng/L		01/23/2021 4:13 AM	002 BP3T1/2
Perfluorohexanesulfonic acid	5.4		1	ng/L		01/23/2021 4:13 AM	002 BP3T1/2
Perfluorononanoic acid	13.3		1	ng/L		01/23/2021 4:13 AM	002 BP3T1/2
Perfluorooctanesulfonic acid	6.3		1	ng/L	10	01/23/2021 4:13 AM	002 BP3T1/2
Perfluorooctanoic acid	2.5		1	ng/L	10	01/23/2021 4:13 AM	002 BP3T1/2
Surr: 13C2-PFDA (S)	87%		1	%REC		01/23/2021 4:13 AM	002 BP3T1/2
Surr: 13C2-PFHxA (S)	92%		1	%REC		01/23/2021 4:13 AM	002 BP3T1/2
Surr: HFPO-DAS (S)	76%		1	%REC		01/23/2021 4:13 AM	002 BP3T1/2
Surr: NEtFOSAA-d5 (S)	89%		1	%REC		01/23/2021 4:13 AM	002 BP3T1/2

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Laboratory Results

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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70159355003
Client Sample ID.: S-58352

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 01/13/2021 08:45 AM Point S-58352
 Received : 01/13/2021 04:23 PM Location Well #3-3
 Collected By CLIENT

Analytical Method: EPA 537.1		Prep Method: EPA 537.1			Prep Date: 01/21/2021 5:03 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Perfluorobutanesulfonic acid	<1.9		1	ng/L		01/23/2021 4:32 AM	003 BP3T1/2
Perfluoroheptanoic acid	<1.9		1	ng/L		01/23/2021 4:32 AM	003 BP3T1/2
Perfluorohexanesulfonic acid	<1.9		1	ng/L		01/23/2021 4:32 AM	003 BP3T1/2
Perfluorononanoic acid	2.3		1	ng/L		01/23/2021 4:32 AM	003 BP3T1/2
Perfluorooctanesulfonic acid	<1.9		1	ng/L	10	01/23/2021 4:32 AM	003 BP3T1/2
Perfluorooctanoic acid	<1.9		1	ng/L	10	01/23/2021 4:32 AM	003 BP3T1/2
Surr: 13C2-PFDA (S)	88%		1	%REC		01/23/2021 4:32 AM	003 BP3T1/2
Surr: 13C2-PFHxA (S)	96%		1	%REC		01/23/2021 4:32 AM	003 BP3T1/2
Surr: HFPO-DAS (S)	85%		1	%REC		01/23/2021 4:32 AM	003 BP3T1/2
Surr: NEtFOSAA-d5 (S)	91%		1	%REC		01/23/2021 4:32 AM	003 BP3T1/2

Qualifiers:

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Date Reported: 01/28/2021

WorkOrder :

70159355

Laboratory Certifications

Pace Analytical Services Ormond Beach

8 East Tower Circle, Ormond Beach, FL 32174
Alaska DEC- CS/UST/LUST
Alabama Certification #: 41320
Arizona Certification# AZ0819
Colorado Certification: FL NELAC Reciprocity
Connecticut Certification #: PH-0216
Delaware Certification: FL NELAC Reciprocity
Florida Certification #: E83079
Georgia Certification #: 955
Guam Certification: FL NELAC Reciprocity
Hawaii Certification: FL NELAC Reciprocity
Illinois Certification #: 200068
Indiana Certification: FL NELAC Reciprocity
Kansas Certification #: E-10383
Kentucky Certification #: 90050
Louisiana Certification #: FL NELAC Reciprocity
Louisiana Environmental Certificate #: 05007
Maryland Certification: #346
Michigan Certification #: 9911
Mississippi Certification: FL NELAC Reciprocity
Missouri Certification #: 236
Montana Certification #: Cert 0074
Nebraska Certification: NE-OS-28-14
New Hampshire Certification #: 2958
New Jersey Certification #: FL022
New York Certification #: 11608
North Carolina Environmental Certificate #: 667
North Carolina Certification #: 12710
North Dakota Certification #: R-216
Ohio DEP 87780
Oklahoma Certification #: D9947
Pennsylvania Certification #: 68-00547
Puerto Rico Certification #: FL01264
South Carolina Certification: #96042001
Tennessee Certification #: TN02974
Texas Certification: FL NELAC Reciprocity
US Virgin Islands Certification: FL NELAC Reciprocity
Virginia Environmental Certification #: 460165
West Virginia Certification #: 9962C
Wisconsin Certification #: 399079670
Wyoming (EPA Region 8): FL NELAC Reciprocity



Sample Condition Upon Receipt

WO#: 70159355

Client Name: Hampton Bay W.D.

Project **PM: KMM** Due Date: **01/26/21**
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): 5.9 Cooler Temperature Corrected(°C): 5.7

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: 1/13/21 EUJ

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 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID, Matrix: <u>SL</u> <u>WT</u> <u>OIL</u>	
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 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 method recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
NAOH>12 Cyanide)	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).	Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
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 #	
SM 4500 CN samples checked for sulfide? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Lead Acetate Strips Lot #	
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: _____

* PM (Project Manager) review is documented electronically in LIMS.