

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. : 70161347

Received :02/03/2021 4:30
 Sample Type :Drinking Water

Date Reported: 02/05/2021

				<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
			<u>Units</u>	N/A	N/A	mg/L
			<u>Metho</u>	SM22 9223B Colilert	SM22 9223B Colilert	
			<u>Limits</u>	Absent	Absent	4
70161347001	HB9	2/3/2021 7:30:00 AM		Absent	Absent	0.41
Routine	SO. Town Highway Dept.	Collected by: CLIENT	Analysis Time	2/4/2021 1:10:00 PM	2/4/2021 1:10:00 PM	2/3/2021 7:30:00 AM
Distribution	Jackson Ave.					
70161347002	HB27	2/3/2021 7:40:00 AM		Absent	Absent	0.45
Routine	Suffolk Cty. Hwy. Dept.	Collected by: CLIENT	Analysis Time	2/4/2021 1:10:00 PM	2/4/2021 1:10:00 PM	2/3/2021 7:45:00 AM
Distribution	North Hwy.					
70161347003	HB2	2/3/2021 8:00:00 AM		Absent	Absent	0.47
Routine	R. Loetscher	Collected by: CLIENT	Analysis Time	2/4/2021 1:10:00 PM	2/4/2021 1:10:00 PM	2/3/2021 8:00:00 AM
Distribution	Wakeman Rd.					
70161347004	HB3	2/3/2021 8:15:00 AM		Absent	Absent	0.39
Routine	U.S.C.G.	Collected by: CLIENT	Analysis Time	2/4/2021 1:10:00 PM	2/4/2021 1:10:00 PM	2/3/2021 8:15:00 AM
Distribution	Foster Ave.					
70161347005	HB4	2/3/2021 8:30:00 AM		Absent	Absent	0.47
Routine	H.B. Elem School	Collected by: CLIENT	Analysis Time	2/4/2021 1:10:00 PM	2/4/2021 1:10:00 PM	2/3/2021 8:30:00 AM
Distribution	Ponquogue Ave.					
70161347006	HB5	2/3/2021 8:45:00 AM		Absent	Absent	0.44
Routine	H.B. High School	Collected by: CLIENT	Analysis Time	2/4/2021 1:10:00 PM	2/4/2021 1:10:00 PM	2/3/2021 8:45:00 AM
Distribution	Argonne Rd.					

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>
				N/A	N/A	mg/L
			<u>Metho</u>	SM22 9223B Colilert	SM22 9223B Colilert	
			<u>Limits</u>	Absent	Absent	4
70161347007	HB6	2/3/2021 9:05:00 AM		Absent	Absent	0.47
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	2/4/2021 1:10:00 PM	2/4/2021 1:10:00 PM	2/3/2021 9:05:00 AM
Distribution	Montauk Hwy. East					
70161347008	HB7	2/3/2021 9:20:00 AM		Absent	Absent	0.61
Routine	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	2/4/2021 1:10:00 PM	2/4/2021 1:10:00 PM	2/3/2021 9:20:00 AM
Distribution						
70161347009	HB8	2/3/2021 9:35:00 AM		Absent	Absent	0.68
Routine	B. McCormack	Collected by: CLIENT	Analysis Time	2/4/2021 1:10:00 PM	2/4/2021 1:10:00 PM	2/3/2021 9:35:00 AM
Distribution	Bittersweet Ave.					
70161347010	HB10	2/3/2021 9:50:00 AM		Absent	Absent	0.48
Routine	Pete's Deli	Collected by: CLIENT	Analysis Time	2/4/2021 1:10:00 PM	2/4/2021 1:10:00 PM	2/3/2021 9:50:00 AM
Distribution	Montauk Hwy. West					
70161347011	HB11	2/3/2021 10:05:00		Absent	Absent	0.46
Routine	Riverhead Building Supply	Collected by: CLIENT	Analysis Time	2/4/2021 1:10:00 PM	2/4/2021 1:10:00 PM	2/3/2021 10:05:00 AM
Distribution	Montauk Hwy. West					

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

WorkOrder :

70161347

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

WO#: 70161347



70161347

Client Info: HAMPTON BAYS WATER DISTRICT
P.O. BOX 1013
Name or Code: HAMPTON BAYS, NEW YORK 11946
Address: (631) 728-0179

Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____

Sample Request Form PUBLIC WATER SUPPLIER

Date: 2-3-21
Collected By: K. TUTTILL
Accepted By: [Signature] 2/3/21 1328
Cooler Temp: 1.7 °C

WELL OFF LINE
 WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

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 ₂	pH/Temp	Analysis	Lab No.
7:30AM 2-3-21	PW	#9	D	-	RO	.41	7.03	BACT w/CL	
7:45AM 2-3-21	PW	#27	D	-	RO	.45	7.22	BACT w/CL	
8:00AM 2-3-21	PW	#2	D	-	RO	.47	7.24	BACT w/CL	
8:15AM 2-3-21	PW	#3	D	-	RO	.39	7.06	BACT w/CL	
8:30AM 2-3-21	PW	#4	D	-	RO	.47	7.19	BACT w/CL	
8:45AM 2-3-21	PW	#5	D	-	RO	.44	7.16	BACT w/CL	
9:05AM 2-3-21	PW	#6	D	-	RO	.47	7.07	BACT w/CL	
9:20AM 2-3-21	PW	#7	D	-	RO	.61	7.01	BACT w/CL	
9:35AM 2-3-21	PW	#8	D	-	RO	.68	7.03	BACT w/CL	
9:50AM 2-3-21	PW	#10	D	-	RO	.48	7.38	BACT w/CL	
10:05AM 2-3-21	PW	#11	D	-	RO	.46	7.34	BACT w/CL	

Remarks:

Rel. [Signature] 2/3/21 1630



Sample Condition Upon Receipt

Client Name: HBW

Project

WO#: 70161347

PM: KMM

Due Date: 02/12/21

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

Temperature Blank Present: Yes No

Type of Ice: Wet Blue None

Samples on ice, cooling process has begun

Cooler Temperature(°C): 1.7

Cooler Temperature Corrected(°C): 1.5

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: I.I 2/3/21
1630

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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID, Matrix: SL <u>WT</u> 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 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: