

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. : 70162146

Received :02/10/2021 5:00
 Sample Type :Drinking Water

Date Reported:02/11/2021

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
70162146001	HB12	2/10/2021 7:30:00		Absent	Absent	0.97
Routine	M. Layburn	Collected by: CLIENT	Analysis Time	2/11/2021 12:15:00	2/11/2021 12:15:00	2/10/2021 7:30:00 AM
Distribution	Squires Pond Rd.					
70162146002	HB13	2/10/2021 7:45:00		Absent	Absent	0.77
Routine	H.B. Bagel	Collected by: CLIENT	Analysis Time	2/11/2021 12:15:00	2/11/2021 12:15:00	2/10/2021 7:45:00 AM
Distribution	W. Montauk Hwy.					
70162146003	HB28	2/10/2021 8:00:00		Absent	Absent	0.74
Routine	Huebner	Collected by: CLIENT	Analysis Time	2/11/2021 12:15:00	2/11/2021 12:15:00	2/10/2021 8:00:00 AM
Distribution	Oakwood Rd.					
70162146004	HB29	2/10/2021 8:15:00		Absent	Absent	0.75
Routine	McFarland	Collected by: CLIENT	Analysis Time	2/11/2021 12:15:00	2/11/2021 12:15:00	2/10/2021 8:15:00 AM
Distribution	Ridgewood La.					
70162146005	HB16	2/10/2021 8:50:00		Absent	Absent	0.65
Routine	Spellman's Marine	Collected by: CLIENT	Analysis Time	2/11/2021 12:15:00	2/11/2021 12:15:00	2/10/2021 8:50:00 AM
Distribution	Rampasture Rd.					
70162146006	HB34	2/10/2021 9:05:00		Absent	Absent	0.70
Routine	Kappers - 23 Washington Ave.	Collected by: CLIENT	Analysis Time	2/11/2021 12:15:00	2/11/2021 12:15:00	2/10/2021 9:05:00 AM
Distribution						

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	Location	Collected	Units	E.coli	Total Coliforms	Field Residual
			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	SM22 9223B Colilert	SM22 9223B Colilert	
				Absent	Absent	4
70162146007	HB31	2/10/2021 9:35:00		Absent	Absent	0.88
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	2/11/2021 12:15:00	2/11/2021 12:15:00	2/10/2021 9:35:00 AM
70162146008	SPB1	2/10/2021 9:20:00		Absent	Absent	0.64
Routine Distribution	Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	2/11/2021 12:15:00	2/11/2021 12:15:00	2/10/2021 9:20:00 AM
70162146009	HB21	2/10/2021 9:50:00		Absent	Absent	0.90
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	2/11/2021 12:15:00	2/11/2021 12:15:00	2/10/2021 9:50:00 AM
70162146010	HB5A	2/10/2021 8:30:00		Absent	Absent	0.74
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	2/11/2021 12:15:00	2/11/2021 12:15:00	2/10/2021 8:30:00 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
 Kimberley Mack



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

WorkOrder :

70162146

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#: 70162146



70162146

11747
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Sample Request Form PUBLIC WATER SUPPLIER

Date: 2-10-21

Collected By: K TUTHELL

Accepted By: [Signature]

Cooler Temp: 3.7 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

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 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 2-10-21	PW	#12	D	-	RO	.97	7.01	BACT w/CL	001
7:45AM 2-10-21	PW	#13	D	-	RO	.77	7.25	BACT w/CL	002
8:00AM 2-10-21	PW	#28	D	-	RO	.74	7.36	BACT w/CL	003
8:15AM 2-10-21	PW	#29	D	-	RO	.75	7.11	BACT w/CL	004
8:50AM 2-10-21	PW	#16	D	-	RO	.65	7.22	BACT w/CL	005
9:05AM 2-10-21	PW	#34	D	-	RO	.70	7.07	BACT w/CL	006
9:35AM 2-10-21	PW	#31	D	-	RO	.88	7.13	BACT w/CL	007
9:20AM 2-10-21	PW	SPB #1	D	-	RO	.64	7.81	BACT w/CL	008
9:50AM 2-10-21	PW	#21	D	-	RO	.90	7.04	BACT w/CL	009
8:30AM 2-10-21	PW	#5A	D	-	RO	.74	7.20	BACT w/CL	010

Remarks:



Sample Condition Upon Receipt

WO#: 70162146

Client Name: HBLW

Project: PM: KMM Due Date: 02/19/21 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): 3.7 Cooler Temperature Corrected (C): 3.5

Temp should be above freezing to 6.0C

USDA Regulated Soil (N/A, water sample)

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

Date and Initials of person examining contents: [Signature]

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.

Table with 17 rows and 3 columns. Columns: Question, Yes/No/N/A, Comments. Rows include Chain of Custody Present, Sampler Name & Signature on COC, Samples Arrived within Hold Time, etc.

Client Notification/ Resolution: _____ Field Data Required? Y / N

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____