

## 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. : 70164515**

Received :03/03/21 4:50 PM  
 Sample Type :Drinking Water

Date Reported:03/05/2021

Lab	Location	Collected	Units Method Limits	<u>E.coli</u> N/A	<u>Total Coliforms</u> N/A	<u>Field Residual</u> mg/L
70164515001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	3/3/21 7:30:00 AM Collected by: CLIENT	Analysis Time	Absent 3/4/21 12:45:00 PM	Absent 3/4/21 12:45:00 PM	4 0.81 3/3/21 7:30:00 AM
70164515002	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	3/3/21 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 3/4/21 12:45:00 PM	Absent 3/4/21 12:45:00 PM	0.97 3/3/21 8:15:00 AM
70164515003	HB2 Routine Distribution R. Loetscher Wakeman Rd.	3/3/21 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 3/4/21 12:45:00 PM	Absent 3/4/21 12:45:00 PM	0.92 3/3/21 7:45:00 AM
70164515004	HB3 Routine Distribution U.S.C.G. Foster Ave.	3/3/21 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 3/4/21 12:45:00 PM	Absent 3/4/21 12:45:00 PM	0.39 3/3/21 8:00:00 AM
70164515005	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	3/3/21 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 3/4/21 12:45:00 PM	Absent 3/4/21 12:45:00 PM	0.68 3/3/21 8:30:00 AM
70164515006	HB5 Routine Distribution H.B. High School Argonne Rd.	3/3/21 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 3/4/21 12:45:00 PM	Absent 3/4/21 12:45:00 PM	0.72 3/3/21 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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70164515007	HB6	3/3/21 9:00:00 AM		<b>Absent</b>	<b>Absent</b>	<b>4</b>
Routine Distribution	Strong Oil Montauk Hwy. East	Collected by: CLIENT	Analysis Time	<b>3/4/21 12:45:00 PM</b>	<b>3/4/21 12:45:00 PM</b>	<b>3/3/21 9:00:00 AM</b>
70164515008	HB7	3/3/21 9:30:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.62</b>
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	<b>3/4/21 12:45:00 PM</b>	<b>3/4/21 12:45:00 PM</b>	<b>3/3/21 9:30:00 AM</b>
70164515009	HB8	3/3/21 9:45:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.99</b>
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT	Analysis Time	<b>3/4/21 12:45:00 PM</b>	<b>3/4/21 12:45:00 PM</b>	<b>3/3/21 9:45:00 AM</b>
70164515010	HB10	3/3/21 10:00:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.97</b>
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT	Analysis Time	<b>3/4/21 12:45:00 PM</b>	<b>3/4/21 12:45:00 PM</b>	<b>3/3/21 10:00:00 AM</b>
70164515011	HB11	3/3/21 9:15:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.94</b>
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT	Analysis Time	<b>3/4/21 12:45:00 PM</b>	<b>3/4/21 12:45:00 PM</b>	<b>3/3/21 9:15:00 AM</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

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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 :**

70164515

## Laboratory Certifications

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**Pace Analytical Services Long Island**

Delaware Certification # NY10478  
Virginia Certification # 460302  
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#: 70164515



70164515

# Sample Request Form PUBLIC WATER SUPPLIER

Date: 3-3-21

Collected By: K. J. UTHILLY  
Accepted By: Paul M. G. 3/3/21  
Cooler Temp: 1.9 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

**Client Info:** HAMPTON BAYS WATER DISTRICT

Name or Code: P.O. BOX 1013

Address: HAMPTON BAYS, NEW YORK 11946

(631) 725-0179

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>	Field Readings pH/Temp	Analysis	Lab No.
7:30AM 3-3-21	PW	#9	D	-	RO	.81	7.01	BACT w/ccl	
8:15AM 3-3-21	PW	#97	D	-	RO	.47	7.33	BACT w/ccl	
7:45AM 3-3-21	PW	#2	D	-	RO	.92	7.09	BACT w/ccl	
8:00AM 3-3-21	PW	#3	D	-	RO	.39	7.15/19.6°C	BACT w/ccl, FOC	
8:30AM 3-3-21	PW	#4	D	-	RO	.68	7.09	BACT w/ccl	
8:45AM 3-3-21	PW	#5	D	-	RO	.72	7.07	BACT w/ccl	
9:00AM 3-3-21	PW	#6	D	-	RO	.92	7.26	BACT w/ccl	
9:30AM 3-3-21	PW	#7	D	-	RO	.62	7.09	BACT w/ccl	
9:45AM 3-3-21	PW	#8	D	-	RO	.99	7.26/14.8°C	BACT w/ccl, FOC	
10:00AM 3-3-21	PW	#10	D	-	RO	.97	7.24	BACT w/ccl	
9:15AM 3-3-21	PW	#11	D	-	RO	.94	7.21	BACT w/ccl	

Remarks:

Return to Lab  
3/3/21 1656



# Sample Condition Upon Receipt

## WO#: 70164515

Client Name: HBWProject **PM: KMM** Due Date: **03/12/21**  
**CLIENT: HBW**Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other

Tracking #: \_\_\_\_\_

Custody Seal on Cooler/Box Present:  Yes  No Seals intact:  Yes  NoPacking Material:  Bubble Wrap  Bubble Bags  Ziploc  None  OtherThermometer Used: TH091 Correction Factor: +0.0Cooler Temperature(°C): 1.9 Cooler Temperature Corrected(°C): 1.9

Temp should be above freezing to 6.0°C

USDA Regulated Soil (  N/A, water sample)Date and Initials of person examining contents: [Signature] 3/13/21  
1650Did 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8.
Correct Containers Used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9.
-Pace Containers Used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10.
Containers Intact:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12.
-Includes date/time/ID, Matrix: <u>SL WT OIL</u>		
All containers needing preservation have been checked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 # <u>H025486</u>		Sample #
All containers needing preservation are found to be in compliance with method recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH>9 Sulfide, NaOH>12 Cyanide)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		
Samples checked for dechlorination: KI starch test strips Lot # <u>14860</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #		
SM 4500 CN samples checked for sulfide?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	15.
Lead Acetate Strips Lot # <u>56025</u>		
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	16.
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	17.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable): _____		

Client Notification/ Resolution: \_\_\_\_\_ Field Data Required? Y / N

Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Comments/ Resolution: \_\_\_\_\_