

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. : 70165299

Received :03/10/21 5:00 PM
 Sample Type :Drinking Water

Date Reported:03/15/2021

Lab	Location	Collected	Units Method Limits	<u>E.coli</u> N/A SM22 9223B Colilert Absent	<u>Total Coliforms</u> N/A SM22 9223B Colilert Absent	<u>Field Residual</u> mg/L 4
70165299001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	3/10/21 7:30:00 AM Collected by: CLIENT	Analysis Time	Absent 3/11/21 1:15:00 PM	Absent 3/11/21 1:15:00 PM	0.58 3/10/21 7:30:00 AM
70165299002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	3/10/21 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 3/11/21 1:15:00 PM	Absent 3/11/21 1:15:00 PM	0.90 3/10/21 7:45:00 AM
70165299003	HB28 Routine Distribution Huebner Oakwood Rd.	3/10/21 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 3/11/21 1:15:00 PM	Absent 3/11/21 1:15:00 PM	0.88 3/10/21 8:00:00 AM
70165299004	HB29 Routine Distribution McFarland Ridgewood La.	3/10/21 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 3/11/21 1:15:00 PM	Absent 3/11/21 1:15:00 PM	0.77 3/10/21 8:15:00 AM
70165299005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	3/10/21 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 3/11/21 1:15:00 PM	Absent 3/11/21 1:15:00 PM	0.95 3/10/21 8:30:00 AM
70165299006	HB34 Routine Distribution Kappers - 23 Washington Ave.	3/10/21 8:50:00 AM Collected by: CLIENT	Analysis Time	Absent 3/11/21 1:15:00 PM	Absent 3/11/21 1:15:00 PM	0.69 3/10/21 8:50:00 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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Lab	Location	Collected	Units Method Limits	<u>E.coli</u> N/A	<u>Total Coliforms</u> N/A	<u>Field Residual</u> mg/L
70165299007	HB31	3/10/21 9:55:00 AM		Absent	Absent	4
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	3/11/21 1:15:00 PM	3/11/21 1:15:00 PM	3/10/21 9:55:00 AM
70165299008	SPB1	3/10/21 9:05:00 AM		Absent	Absent	0.95
Routine Distribution	Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	3/11/21 1:15:00 PM	3/11/21 1:15:00 PM	3/10/21 9:05:00 AM
70165299009	HB21	3/10/21 9:20:00 AM		Absent	Absent	0.78
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	3/11/21 1:15:00 PM	3/11/21 1:15:00 PM	3/10/21 9:20:00 AM
70165299010	HB5A	3/10/21 9:40:00 AM		Absent	Absent	0.64
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	3/11/21 1:15:00 PM	3/11/21 1:15:00 PM	3/10/21 9:40:00 AM

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

Treatments	
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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 :

70165299

Laboratory Certifications

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#: 70165299



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Sample Request Form PUBLIC WATER SUPPLIER

*Return to Lab
3/10/21 1700*

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Date: 3-10-21

Collected By: K. TUTHINT

Accepted By: [Signature] 3/10/21

Cooler Temp: 12.0 °C

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

- PW - Potable Water
- GW - Groundwater
- SW - Surface Water
- WW - Waste Water
- AQ - Aqueous
- S - Soil

Purpose

- RO - Routine
- RE - Resample
- S - Special

Origin

- D - Distribution
- RW - Raw Well
- TW - Treated Well
- T - Tank
- MW - Monitoring Well
- I - Influent
- E - Effluent

Treatment Types

- AST - Air Stripper
- GAC - Granular Activated Charcoal
- N - Nitrate Removal Plant
- FE - Iron Removal Plant
- O - Other

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings		Analysis	Lab No.
						Cl ₂	pH/Temp		
7:30AM 3-10-21	PW	#12	D	-	RO	.58	7.75	BACT w/c	
7:45AM 3-10-21	PW	#13	D	-	RO	.90	7.57	BACT w/c	
8:00AM 3-10-21	PW	#28	D	-	RO	.88	7.59	BACT w/c	
8:15AM 3-10-21	PW	#29	D	-	RO	.97	7.14	BACT w/c	
8:30AM 3-10-21	PW	#16	D	-	RO	.95	7.00	BACT w/c	
8:50AM 3-10-21	PW	#34	D	-	RO	.69	7.01	BACT w/c	
9:55AM 3-10-21	PW	#31	D	-	RO	.95	7.00	BACT w/c	
9:05AM 3-10-21	PW	SPB #1	D	-	RO	.69	7.73	BACT w/c	
9:20AM 3-10-21	PW	#21	D	-	RO	.78	7.01	BACT w/c	
9:40AM 3-10-21	PW	#5A	D	-	RO	.64	7.00	BACT w/c	

Remarks:



Sample Condition Upon Receipt

WO#: 70165299

Client Name: HBW

Project: PM: KMM Due Date: 03/19/21
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: +0.0

Cooler Temperature(°C): 2.0 Cooler Temperature Corrected(°C): 2.0

Temp should be above freezing to 6.0°C

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: 3/10/21
1700

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 type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used:	<input 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> <input checked="" type="checkbox"/> <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, 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: _____