

## 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. : 70168245**

Received :04/07/21 4:45 PM  
 Sample Type :Drinking Water

Date Reported: 04/08/2021

| Lab         | Location  | Collected                                 | Units<br>Method<br>Limits | <u>E.coli</u><br>N/A         | <u>Total Coliforms</u><br>N/A | <u>Field Residual</u><br>mg/L  |
|-------------|---|---|---------------------------|------------------------------|-------------------------------|--------------------------------|
| 70168245001 | HB9<br>Routine Distribution<br>SO. Town Highway Dept.<br>Jackson Ave. | 4/7/21 7:30:00 AM<br>Collected by: CLIENT | Analysis Time             | Absent<br>4/8/21 11:20:00 AM | Absent<br>4/8/21 11:20:00 AM  | 4<br>0.55<br>4/7/21 7:30:00 AM |
| 70168245002 | HB27<br>Routine Distribution<br>Suffolk Cty. Hwy. Dept.<br>North Hwy. | 4/7/21 7:45:00 AM<br>Collected by: CLIENT | Analysis Time             | Absent<br>4/8/21 11:20:00 AM | Absent<br>4/8/21 11:20:00 AM  | 0.92<br>4/7/21 7:45:00 AM      |
| 70168245003 | HB2<br>Routine Distribution<br>R. Loetscher<br>Wakeman Rd.            | 4/7/21 8:15:00 AM<br>Collected by: CLIENT | Analysis Time             | Absent<br>4/8/21 11:20:00 AM | Absent<br>4/8/21 11:20:00 AM  | 0.87<br>4/7/21 8:15:00 AM      |
| 70168245004 | HB3<br>Routine Distribution<br>U.S.C.G.<br>Foster Ave.                | 4/7/21 8:00:00 AM<br>Collected by: CLIENT | Analysis Time             | Absent<br>4/8/21 11:20:00 AM | Absent<br>4/8/21 11:20:00 AM  | 0.61<br>4/7/21 8:00:00 AM      |
| 70168245005 | HB4<br>Routine Distribution<br>H.B. Elem School<br>Ponquogue Ave.     | 4/7/21 8:45:00 AM<br>Collected by: CLIENT | Analysis Time             | Absent<br>4/8/21 11:20:00 AM | Absent<br>4/8/21 11:20:00 AM  | 0.84<br>4/7/21 8:45:00 AM      |
| 70168245006 | HB5<br>Routine Distribution<br>H.B. High School<br>Argonne Rd.        | 4/7/21 8:30:00 AM<br>Collected by: CLIENT | Analysis Time             | Absent<br>4/8/21 11:20:00 AM | Absent<br>4/8/21 11:20:00 AM  | 0.87<br>4/7/21 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

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Received :04/07/21 4:45 PM  
 Sample Type :Drinking Water

Date Reported: 04/08/2021

| Lab                     | Location                         | Collected            | Units<br>Method<br>Limits | <b>E.coli</b><br>N/A      | <b>Total Coliforms</b><br>N/A | <b>Field Residual</b><br>mg/L |
|-------------------------|----------------------------------|----------------------|---------------------------|---------------------------|-------------------------------|-------------------------------|
| 70168245007             | HB6                              | 4/7/21 9:00:00 AM    |                           | <b>Absent</b>             | <b>Absent</b>                 | <b>4</b>                      |
| Routine<br>Distribution | Strong Oil<br>Montauk Hwy. East  | Collected by: CLIENT | Analysis<br>Time          | <b>4/8/21 11:20:00 AM</b> | <b>4/8/21 11:20:00 AM</b>     | <b>4/7/21 9:00:00 AM</b>      |
| 70168245008             | HB7                              | 4/7/21 9:15:00 AM    |                           | <b>Absent</b>             | <b>Absent</b>                 | <b>0.71</b>                   |
| Routine<br>Distribution | SO. Town Parks & Rec             | Collected by: CLIENT | Analysis<br>Time          | <b>4/8/21 11:20:00 AM</b> | <b>4/8/21 11:20:00 AM</b>     | <b>4/7/21 9:15:00 AM</b>      |
| 70168245009             | HB8                              | 4/7/21 9:30:00 AM    |                           | <b>Absent</b>             | <b>Absent</b>                 | <b>0.55</b>                   |
| Routine<br>Distribution | B. McCormack<br>Bittersweet Ave. | Collected by: CLIENT | Analysis<br>Time          | <b>4/8/21 11:20:00 AM</b> | <b>4/8/21 11:20:00 AM</b>     | <b>4/7/21 9:30:00 AM</b>      |
| 70168245010             | HB10                             | 4/7/21 9:45:00 AM    |                           | <b>Absent</b>             | <b>Absent</b>                 | <b>0.99</b>                   |
| Routine<br>Distribution | Pete's Deli<br>Montauk Hwy. West | Collected by: CLIENT | Analysis<br>Time          | <b>4/8/21 11:20:00 AM</b> | <b>4/8/21 11:20:00 AM</b>     | <b>4/7/21 9:45:00 AM</b>      |
| 70168245011             | HB35                             | 4/7/21 10:05:00 AM   |                           | <b>Absent</b>             | <b>Absent</b>                 | <b>0.98</b>                   |
| Routine<br>Distribution | Classic Beverage                 | Collected by: CLIENT | Analysis<br>Time          | <b>4/8/21 11:20:00 AM</b> | <b>4/8/21 11:20:00 AM</b>     | <b>4/7/21 10:05:00 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 :**

70168245

## 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#: 70168245



70168245

Client Info: HAMPTON BAYS WATER DISTRICT

P.O. BOX 1313

Name or Code: HAMPTON BAYS, NEW YORK 11946

Address: (631) 728-0179

Phone #: \_\_\_\_\_

Attn: \_\_\_\_\_

Proj. # or (Name): \_\_\_\_\_

Bill To: \_\_\_\_\_

Copies To: \_\_\_\_\_

Sample Info:

| Date/Time Collected: | Sample Type | Location | Origin | Treatment Type | Purpose | Field Readings Cl <sub>2</sub> pH/Temp | Analysis  | Lab No. |
|----------------------|-------------|----------|--------|----------------|---------|--|-----------|---------|
| 4/7/21 7:30am        | PW          | #9       | D      | -              | RO      | .55 7.37                               | BACT w/CC |         |
| 4/7/21 7:45am        | PW          | #27      | D      | -              | RO      | .92 7.31                               | BACT w/CC |         |
| 4/7/21 8:15am        | PW          | #22      | D      | -              | RO      | .87 7.17                               | BACT w/CC |         |
| 4/7/21 8:00am        | PW          | #3       | D      | -              | RO      | .67 7.25                               | BACT w/CC |         |
| 4/7/21 8:45am        | PW          | #4       | D      | -              | RO      | .84 7.10                               | BACT w/CC |         |
| 4/7/21 8:30am        | PW          | #5       | D      | -              | RO      | .87 7.09                               | BACT w/CC |         |
| 4/7/21 9:00am        | PW          | #6       | D      | -              | RO      | .71 7.15                               | BACT w/CC |         |
| 4/7/21 9:15am        | PW          | #7       | D      | -              | RO      | .55 7.12                               | BACT w/CC |         |
| 4/7/21 9:30am        | PW          | #8       | D      | -              | RO      | .99 7.45                               | BACT w/CC |         |
| 4/7/21 9:45am        | PW          | #10      | D      | -              | RO      | .98 7.28                               | BACT w/CC |         |
| 4/7/21 10:05am       | PW          | #35      | D      | -              | RO      | 1.00 7.11                              | BACT w/CC |         |

Remarks:

Sample Request Form PUBLIC WATER SUPPLIER

Date: 4/7/21

Collected By: K. TUTTILL

Accepted By: [Signature] 4/2/21

Cooler Temp: 24 °C / 1330

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

**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

Return to Lab 4/7/21 1645



# Sample Condition Upon Receipt

## WO#: 70168245

Client Name: Hampton BaysProject: **PM: KMM** Due Date: **04/16/21**  
**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  Other

Thermometer Used: TH091

Correction Factor: +0.0Cooler Temperature(°C): 2.4Cooler Temperature Corrected(°C): 2.4

Temp should be above freezing to 6.0°C

USDA Regulated Soil (  N/A, water sample)Temperature Blank Present:  Yes  NoType of Ice: Wet Blue None Samples on ice, cooling process has begunDate/Time 5035A kits placed in freezer: 4/7/21 1645Date 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  NoDid 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: <u>SL (WT) 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 <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 #  |   |  |   | 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 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:   | <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: \_\_\_\_\_