

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. : 70169176

Received :04/14/21 4:50 PM
 Sample Type :Drinking Water

Date Reported:04/15/2021

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
70169176001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	4/14/21 7:30:00 AM Collected by: CLIENT	Analysis Time	Absent 4/15/21 1:00:00 PM	Absent 4/15/21 1:00:00 PM	0.51 4/14/21 7:30:00 AM
70169176002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	4/14/21 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 4/15/21 1:00:00 PM	Absent 4/15/21 1:00:00 PM	0.95 4/14/21 7:45:00 AM
70169176003	HB28 Routine Distribution Huebner Oakwood Rd.	4/14/21 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 4/15/21 1:00:00 PM	Absent 4/15/21 1:00:00 PM	0.91 4/14/21 8:00:00 AM
70169176004	HB29 Routine Distribution McFarland Ridgewood La.	4/14/21 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 4/15/21 1:00:00 PM	Absent 4/15/21 1:00:00 PM	0.81 4/14/21 8:15:00 AM
70169176005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	4/14/21 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 4/15/21 1:00:00 PM	Absent 4/15/21 1:00:00 PM	1.05 4/14/21 8:30:00 AM
70169176006	HB34 Routine Distribution Kappers - 23 Washington Ave.	4/14/21 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 4/15/21 1:00:00 PM	Absent 4/15/21 1:00:00 PM	0.74 4/14/21 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.

This report shall not be reproduced except in full, without the written approval of the laboratory.



Kimberley Mack

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70169176007	HB31 Routine Distribution Maryland Blvd.	4/14/21 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 4/15/21 1:00:00 PM	Absent 4/15/21 1:00:00 PM	0.94 4/14/21 9:00:00 AM
70169176008	SPB1 Routine Distribution Adj. Hydrant#465	4/14/21 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 4/15/21 1:00:00 PM	Absent 4/15/21 1:00:00 PM	0.99 4/14/21 9:15:00 AM
70169176009	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	4/14/21 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 4/15/21 1:00:00 PM	Absent 4/15/21 1:00:00 PM	0.93 4/14/21 10:00:00 AM
70169176010	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	4/14/21 9:35:00 AM Collected by: CLIENT	Analysis Time	Absent 4/15/21 1:00:00 PM	Absent 4/15/21 1:00:00 PM	0.74 4/14/21 9:35:00 AM

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

WorkOrder :

70169176

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#: 70169176



70169176

Sample Request Form PUBLIC WATER SUPPLIER

Date: 4-14-21

Collected By: K. TOTHILL

Accepted By: *[Signature]* 4/14/21

Cooler Temp: 4.4 °C 13/0

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

P.O. BOX 1013

Address: HAMPTON BAYS, NEW YORK 11946

(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 ₂	Field Readings pH/Temp	Analysis	Lab No.
7:30AM 4-14-21	PW	#12	D	-	RO	.51	7.11	BACT w/cl	
7:45AM 4-14-21	PW	#13	D	-	RO	.95	7.12	BACT w/cl	
8:00AM 4-14-21	PW	#28	D	-	RO	.81	7.14	BACT w/cl	
8:15AM 4-14-21	PW	#29	D	-	RO	.81	7.29	BACT w/cl	
8:50AM 4-14-21	PW	#16	D	-	RO	1.05	7.12	BACT w/cl	
8:45AM 4-14-21	PW	#34	D	-	RO	.74	7.17	BACT w/cl	
9:00AM 4-14-21	PW	#31	D	-	RO	.94	7.03	BACT w/cl	
9:15AM 4-14-21	PW	SPB #1	D	-	RO	.99	7.18	BACT w/cl	
10:00AM 4-14-21	PW	#21	D	-	RO	.93	7.18	BACT w/cl	
9:55AM 4-14-21	PW	#5A	D	-	RO	.74	7.21	BACT w/cl	

Remarks:

Return to Lab
4/14/21 1650

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 Condition Upon Receipt

WO#: 70169176

Client Name: HBW

Project

PM: KMM

Due Date: 04/23/21

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): 4.4

Cooler Temperature Corrected(°C): 4.4

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: [Signature] 4/14/21 1650

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 WT 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, 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 #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 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: _____