

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. : 70172751

Received :05/12/21 4:50 PM
 Sample Type :Drinking Water

Date Reported:05/17/2021

| 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 |
|-------------|------------------------------------------------------------------------------------|--------------------------------------------|---------------------------|-------------------------------------------------------|----------------------------------------------------------------|------------------------------------|
| 70172751001 | HB12 Routine Distribution M. Layburn Squires Pond Rd. | 5/12/21 7:30:00 AM Collected by: CLIENT | Analysis Time | Absent 5/13/21 1:30:00 PM | Absent 5/13/21 1:30:00 PM | 1.08 5/12/21 7:30:00 AM |
| 70172751002 | HB13 Routine Distribution H.B. Bagel W. Montauk Hwy. | 5/12/21 8:00:00 AM Collected by: CLIENT | Analysis Time | Absent 5/13/21 1:30:00 PM | Absent 5/13/21 1:30:00 PM | 0.80 5/12/21 8:00:00 AM |
| 70172751003 | HB28 Routine Distribution Huebner Oakwood Rd. | 5/12/21 8:15:00 AM Collected by: CLIENT | Analysis Time | Absent 5/13/21 1:30:00 PM | Absent 5/13/21 1:30:00 PM | 0.84 5/12/21 8:15:00 AM |
| 70172751004 | HB29 Routine Distribution McFarland Ridgewood La. | 5/12/21 8:30:00 AM Collected by: CLIENT | Analysis Time | Absent 5/13/21 1:30:00 PM | Absent 5/13/21 1:30:00 PM | 0.79 5/12/21 8:30:00 AM |
| 70172751005 | HB16 Routine Distribution Spellman's Marine Rampasture Rd. | 5/12/21 8:45:00 AM Collected by: CLIENT | Analysis Time | Absent 5/13/21 1:30:00 PM | Absent 5/13/21 1:30:00 PM | 1.0 5/12/21 8:45:00 AM |
| 70172751006 | HB34 Routine Distribution Kappers-23 Washington Ave 23 Washington Ave. | 5/12/21 9:00:00 AM Collected by: CLIENT | Analysis Time | Absent 5/13/21 1:30:00 PM | Absent 5/13/21 1:30:00 PM | 0.82 5/12/21 9:00:00 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

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| 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 |
|-------------|--------------------------------------------------------------------|---------------------------------------------|---------------------------|-------------------------------------------------------|----------------------------------------------------------------|------------------------------------|
| 70172751007 | HB31 Routine Distribution Maryland Blvd. | 5/12/21 9:15:00 AM Collected by: CLIENT | Analysis Time | Absent 5/13/21 1:30:00 PM | Absent 5/13/21 1:30:00 PM | 0.97 5/12/21 9:15:00 AM |
| 70172751008 | SPB1 Routine Distribution Adj. Hydrant#465 | 5/12/21 9:30:00 AM Collected by: CLIENT | Analysis Time | Absent 5/13/21 1:30:00 PM | Absent 5/13/21 1:30:00 PM | 0.94 5/12/21 9:30:00 AM |
| 70172751009 | HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy. | 5/12/21 9:45:00 AM Collected by: CLIENT | Analysis Time | Absent 5/13/21 1:30:00 PM | Absent 5/13/21 1:30:00 PM | 0.67 5/12/21 9:45:00 AM |
| 70172751010 | HB5A Routine Distribution Sunday's By The Bay Dune Rd. | 5/12/21 10:00:00 AM Collected by: CLIENT | Analysis Time | Absent 5/13/21 1:30:00 PM | Absent 5/13/21 1:30:00 PM | 0.58 5/12/21 10:00:00 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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575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
www.pacelabs.com

WorkOrder :

70172751

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

Sample Request Form PUBLIC WATER SUPPLIER

*Return to hub
5/12/21 1656*

Date: 5-12-21
 Collected By: M. TUTHILL
 Accepted By: [Signature]
 Cooler Temp: 13.3 °C

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 | |

WO#: 70172751

70172751

Client Info:
 Name or Code: HAMPTON BAYS WATER DISTRICT
PO. 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 | pH/Temp | Analysis | Lab No. |
|----------------------|-------------|----------|--------|----------------|---------|--------------------------------|---------|-----------|---------|
| 7:38AM 5-12-21 | PW | #12 | D | - | RO | 1.08 | 7.60 | BACT w/Cl | |
| 8:00AM 5-12-21 | PW | #13 | D | - | RO | .80 | 7.74 | BACT w/Cl | |
| 8:15AM 5-12-21 | PW | #28 | D | - | RO | .84 | 7.71 | BACT w/Cl | |
| 8:30AM 5-12-21 | PW | #29 | D | - | RO | .79 | 7.65 | BACT w/Cl | |
| 8:45AM 5-12-21 | PW | #16 | D | - | RO | 1.00 | 7.40 | BACT w/Cl | |
| 9:00AM 5-12-21 | PW | #34 | D | - | RO | .82 | 7.32 | BACT w/Cl | |
| 9:15AM 5-12-21 | PW | #31 | D | - | RO | .97 | 7.33 | BACT w/Cl | |
| 9:30AM 5-12-21 | PW | SPB #1 | D | - | RO | .94 | 7.41 | BACT w/Cl | |
| 9:45AM 5-12-21 | PW | #21 | D | - | RO | .67 | 7.31 | BACT w/Cl | |
| 10:00AM 5-12-21 | PW | #5A | D | - | RO | .58 | 7.34 | BACT w/Cl | |

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Project

WO#: 70172751
 PM: KMM Due Date: 05/21/21
 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): 3.3 Cooler Temperature Corrected(°C): 3.3

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: 5/12/21 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 | 10. |
| 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 <u>(WT)</u> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, NAOH>12 Cyanide) | | |
| Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). | | Initial when completed: Lot # of added preservative: Date/Time preservative added: |
| Per Method, VOA pH is checked after analysis | | |
| 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: _____

