

## 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. : 70175290**

Received :06/02/21 4:30 PM  
 Sample Type :Drinking Water

Date Reported:06/03/2021

Lab	Location	Collected	Units Method Limits	<u>E.coli</u> N/A	<u>Total Coliforms</u> N/A	<u>Field Residual</u> mg/L
70175290001	HB9	6/2/21 7:30:00 AM		Absent	Absent	4
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT	Analysis Time	<b>6/3/21 12:25:00 PM</b>	<b>6/3/21 12:25:00 PM</b>	<b>6/2/21 7:30:00 AM</b>
70175290002	HB27	6/2/21 7:45:00 AM		Absent	Absent	0.86
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT	Analysis Time	<b>6/3/21 12:25:00 PM</b>	<b>6/3/21 12:25:00 PM</b>	<b>6/2/21 7:45:00 AM</b>
70175290003	HB2	6/2/21 8:05:00 AM		Absent	Absent	0.88
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT	Analysis Time	<b>6/3/21 12:25:00 PM</b>	<b>6/3/21 12:25:00 PM</b>	<b>6/2/21 8:05:00 AM</b>
70175290004	HB3	6/2/21 8:20:00 AM		Absent	Absent	0.31
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT	Analysis Time	<b>6/3/21 12:25:00 PM</b>	<b>6/3/21 12:25:00 PM</b>	<b>6/2/21 8:20:00 AM</b>
70175290005	HB4	6/2/21 8:35:00 AM		Absent	Absent	0.99
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT	Analysis Time	<b>6/3/21 12:25:00 PM</b>	<b>6/3/21 12:25:00 PM</b>	<b>6/2/21 8:35:00 AM</b>
70175290006	HB5	6/2/21 8:50:00 AM		Absent	Absent	0.53
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT	Analysis Time	<b>6/3/21 12:25:00 PM</b>	<b>6/3/21 12:25:00 PM</b>	<b>6/2/21 8:50:00 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

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 SM22 9223B Colilert Absent	<u>Total Coliforms</u> N/A SM22 9223B Colilert Absent	<u>Field Residual</u> mg/L 4
70175290007	HB6 Routine Distribution Strong Oil Montauk Hwy. East	6/2/21 9:05:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 6/3/21 12:25:00 PM	<b>Absent</b> 6/3/21 12:25:00 PM	<b>0.92</b> 6/2/21 9:05:00 AM
70175290008	HB7 Routine Distribution SO. Town Parks & Rec	6/2/21 9:20:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 6/3/21 12:25:00 PM	<b>Absent</b> 6/3/21 12:25:00 PM	<b>0.38</b> 6/2/21 9:20:00 AM
70175290009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	6/2/21 9:35:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 6/3/21 12:25:00 PM	<b>Absent</b> 6/3/21 12:25:00 PM	<b>0.36</b> 6/2/21 9:35:00 AM
70175290010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	6/2/21 9:50:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 6/3/21 12:25:00 PM	<b>Absent</b> 6/3/21 12:25:00 PM	<b>0.38</b> 6/2/21 9:50:00 AM
70175290011	HB35 Routine Routine Classic Beverage W. Montauk Hwy.	6/2/21 10:05:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 6/3/21 12:25:00 PM	<b>Absent</b> 6/3/21 12:25:00 PM	<b>0.77</b> 6/2/21 10:05:00 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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FM = Iron/Manganese Removal	
N = Nitrate Removal	O = Other

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*Kimberley Mack*  
 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 :**

70175290

## 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#: 70175290



70175290

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 Request Form  
PUBLIC WATER SUPPLIER

Date: 6-2-21

Collected By: K. TOTHILL

Accepted By: [Signature] 6/2/21 1305

Cooler Temp: 3.3 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCI

**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 Cl <sub>2</sub>	pH/Temp	Analysis	Lab No.
7:30AM 6-2-21	PW	#9	D	-	RO	.46	7.52	BACT w/c	
7:45AM 6-2-21	PW	#27	D	-	RO	.86	7.40	BACT w/c	
8:05AM 6-2-21	PW	#2	D	-	RO	.88	7.42	BACT w/c	
8:20AM 6-2-21	PW	#3	D	-	RO	.31	7.43	BACT w/c	
8:35AM 6-2-21	PW	#4	D	-	RO	.99	7.42	BACT w/c	
8:50AM 6-2-21	PW	#5	D	-	RO	.53	7.34	BACT w/c	
9:05AM 6-2-21	PW	#6	D	-	RO	.92	7.30	BACT w/c	
9:20AM 6-2-21	PW	#7	D	-	RO	.38	7.48	BACT w/c	
9:35AM 6-2-21	PW	#8	D	-	RO	.36	7.51	BACT w/c	
9:50AM 6-2-21	PW	#10	D	-	RO	.38	7.46	BACT w/c	
10:05AM 6-2-21	PW	#35	D	-	RO	.77	7.41	BACT w/c	

Remarks:



# Sample Condition Upon Receipt

## WO#: 70175290

Client Name: HBW

Project

PM: KMM

Due Date: 06/11/21

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): 3.3Cooler Temperature Corrected(°C): 3.3

Temp should be above freezing to 6.0°C

USDA Regulated Soil (  N/A, water sample)Date and Initials of person examining contents: JJ 6/12/21  
1630

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC,

Did samples originate from a foreign source

NM, NY, OK, OR, SC, TN, TX, or VA (check map)?  Yes  Noincluding 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 <input checked="" type="checkbox"/> 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 <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, <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
NAOH>12 Cyanide)	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).	Initial when completed:
Per Method, VOA pH is checked after analysis	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: