



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

Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70175584001
Client Sample ID.: WATERTOWER #3 PLANT #5

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 06/04/2021 09:00 AM Point Watertower #3
 Received : 06/04/2021 10:24 AM Location Plant #4
 Collected By CLIENT

<u>Analytical Method:</u> Field Method							
<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Field Residual Chlorine	0.46	N3	1	mg/L	4	06/04/2021 9:00 AM	001 SP5T1/1

<u>Analytical Method:</u> SM22 9223B Colilert							
<u>Prep Method:</u> SM22 9223B Colilert				<u>Prep Date:</u> 06/05/2021 9:30 AM			
<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
E.coli	Absent		1		Absent	06/06/2021 9:30 AM	001 SP5T1/1
Total Coliforms	Absent		1		Absent	06/06/2021 9:30 AM	001 SP5T1/1

Qualifiers:
 DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.
 ND - Not Detected at or above adjusted reporting limit.
 J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range
 U - Indicates the compound was analyzed for, but not detected
 See qualifiers page for additional qualifier definitions.

Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.

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

WorkOrder :
70175584

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



575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
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WorkOrder :
70175584

Additional Qualifiers

N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.



Sample Condition Upon Receipt

WO#: 70175584

Client Name: Hampton Bays

Project

PM: KMM

Due Date: 06/15/21

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): 4.9

Cooler Temperature Corrected(°C): 4.9

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: CH 6/4/21

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 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>CH 6/4/21</u>	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 <u>WT DIL</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, <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). 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 checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16. <u>CH 6/4/21</u>
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: _____