

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. : 70176228

Received :06/09/21 5:05 PM
 Sample Type :Drinking Water

Date Reported:06/10/2021

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
70176228001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	6/9/21 7:30:00 AM Collected by: CLIENT	Analysis Time	Absent 6/10/21 12:48:00 PM	Absent 6/10/21 12:48:00 PM	0.92 6/9/21 7:30:00 AM
70176228002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	6/9/21 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 6/10/21 12:48:00 PM	Absent 6/10/21 12:48:00 PM	0.52 6/9/21 7:45:00 AM
70176228003	HB28 Routine Distribution Huebner Oakwood Rd.	6/9/21 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 6/10/21 12:48:00 PM	Absent 6/10/21 12:48:00 PM	0.60 6/9/21 8:00:00 AM
70176228004	HB29 Routine Distribution McFarland Ridgewood La.	6/9/21 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 6/10/21 12:48:00 PM	Absent 6/10/21 12:48:00 PM	0.62 6/9/21 8:15:00 AM
70176228005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	6/9/21 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 6/10/21 12:48:00 PM	Absent 6/10/21 12:48:00 PM	0.79 6/9/21 8:30:00 AM
70176228006	HB34 Routine Distribution Kappers-23 Washington Ave. 23 Washington Ave.	6/9/21 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 6/10/21 12:48:00 PM	Absent 6/10/21 12:48:00 PM	0.88 6/9/21 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.

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Kimberley Mack

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Lab	Location	Collected	Units Method Limits	<u>E.coli</u> N/A	<u>Total Coliforms</u> N/A	<u>Field Residual</u> mg/L
70176228007	HB31	6/9/21 9:00:00 AM		Absent	Absent	4
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	6/10/21 12:48:00 PM	6/10/21 12:48:00 PM	6/9/21 9:00:00 AM
70176228008	SPB#1	6/9/21 9:30:00 AM		Absent	Absent	0.98
Routine Distribution	Adj. Hydrant#465 Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	6/10/21 12:48:00 PM	6/10/21 12:48:00 PM	6/9/21 9:30:00 AM
70176228009	HB21	6/9/21 9:50:00 AM		Absent	Absent	0.96
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	6/10/21 12:48:00 PM	6/10/21 12:48:00 PM	6/9/21 9:50:00 AM
70176228010	HB5A	6/9/21 9:15:00 AM		Absent	Absent	0.74
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	6/10/21 12:48:00 PM	6/10/21 12:48:00 PM	6/9/21 9:50:00 AM

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

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FM = Iron/Manganese Removal	
N = Nitrate Removal	O = Other

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

WorkOrder :

70176228

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

NO#: 70176228



70176228

Client Info:
Name or Code: HAMPTON BAYS WATER DISTRICT
Address: HAMPTON BAYS, NEW YORK 11946
P.O. BOX 1013
(631) 728-0179

Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____

Sample Request Form PUBLIC WATER SUPPLIER

Date: 6-9-21
Collected By: M. T. THILLY
Accepted By: M. T. THILLY 6/9/21
Cooler Temp: 1.9 °C / 35.0

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

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings		Analysis	Lab No.
						Cl ₂	pH/Temp		
7:30AM 6-9-21	PW	#12	D	-	RO	.92	7.06	BACT w/c	
7:45AM 6-9-21	PW	#13	D	-	RO	.52	7.35	BACT w/c	
8:00AM 6-9-21	PW	#28	D	-	RO	.60	7.40	BACT w/c	
8:15AM 6-9-21	PW	#29	D	-	RO	.62	7.46	BACT w/c	
8:30AM 6-9-21	PW	#16	D	-	RO	.79	7.42	BACT w/c	
8:45AM 6-9-21	PW	#34	D	-	RO	.88	7.32	BACT w/c	
9:00AM 6-9-21	PW	#31	D	-	RO	.98	7.42	BACT w/c	
9:30AM 6-9-21	PW	SPB #1	D	-	RO	.96	7.61	BACT w/c	
9:50AM 6-9-21	PW	#21	D	-	RO	.74	7.57	BACT w/c	
9:15AM 6-9-21	PW	#5A	D	-	RO	.32	7.70	BACT w/c	

Remarks:



Sample Condition Upon Rec

WO#: 70176228

Client Name: HBW

Proj

PM: KMM

Due Date: 06/21/21

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): 1.9 Cooler Temperature Corrected(°C): 1.9

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

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample) Date and Initials of person examining contents: 6/9/21 1705

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.

Table with 17 rows and 3 columns: Question, Yes/No/N/A, and Comments. Includes items like Chain of Custody Present, Filtered volume received, and Samples checked for dechlorination.

Client Notification/ Resolution: Person Contacted: Comments/ Resolution: Field Data Required? Y / N Date/Time:

* PM (Project Manager) review is documented electronically in LIMS.