



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. : 70182131001
Client Sample ID.: BLEND EFF GAC MAIN PLANT

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 07/28/2021 07:20 AM Point MAIN PLANT
 Received : 07/28/2021 02:15 PM Location BLEND EFF
 Collected By CLIENT

Analytical Method: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	0.85	N3	1	mg/L	4	07/28/2021 7:20 AM	001 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 07/28/2021 5:25 PM

<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	07/29/2021 11:25	001 SP5T1/1
Total Coliforms	Absent		1		Absent	07/29/2021 11:25	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.

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

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



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

WorkOrder :
70182131

Laboratory Certifications

Pace Analytical Services Long Island

575 Broad Hollow Rd, Melville, NY 11747
Connecticut Certification #: PH-0435
Delaware Certification # NY 10478
Maryland Certification #: 208
Massachusetts Certification #: M-NY026
New Hampshire Certification #: 2987
New Jersey Certification #: NY158
New York Certification #: 10478 Primary Accrediting Body
Pennsylvania Certification #: 68-00350
Rhode Island Certification #: LAO00340
Virginia Certification # 460302



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Additional Qualifiers

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

NO#: 70182131



70182131

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

WELL RUN TO SYSTEM

Date: 7-28-21

Collected By: W. Booth

Accepted By: [Signature]

Cooler Temp: 14.5 °C

7/28/21
14/5

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: _____

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 Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
7:50	GW	WELL 1-1	RW	-	RO		BACT, VOC, N/N, I/m	
7:35	GW	1-2	RW	-	RO		BACT, VOC, N/N, I/m	
7:28-21	GW	1-3	RW	-	RO		BACT, VOC, N/N, I/m	
5:35	GW	2-1	RW	-	RO		BACT, VOC	
7:28-21	GW	2-2	RW	-	RO		BACT, VOC	
6:50	GW	3-1	RW	-	RO		BACT, VOC, I/OE	
7:28-21	GW	3-2	RW	-	RO		BACT, VOC	
6:30	GW	3-3	RW	-	RO		BACT, VOC	
7:28-21	GW	4-1	FW	-	RO		BACT, VOC, I/m	
6:02	GW	4-2	RW	-	RO		BACT, VOC, I/m	
7:28-21	GW	5-1	RW	-	RO		BACT, VOC	
7:28-21	GW	BLEND. INF GAC MAIN PLANT	RW	-	RO		BACT, N/N, I/m	
7:20	PW	BLEND EFF GAC MAIN PLANT	D	-	RO	.85	BACT, N/N, I/m	COI
6:02	PW	BLEND EFF PLANT #4	D	-	RO	.59	I/m	set/
7:28-21	PW					7.62		



Sample Condition Upon Receipt

WO#: 70182131

Client Name: HBW

Project

PM: KMM

Due Date: 08/06/21

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): 3.9 Cooler Temperature Corrected(°C): 3.9

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: 7/28/21 1625

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 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	11.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	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.
pH paper Lot #		
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	Sample #
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.
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):		

Field Data Required? Y / N
Date/Time: _____

Client Notification/ Resolution:

Person Contacted:

Comments/ Resolution:

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