

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. : 70183768

Received :08/11/21 4:35 PM
 Sample Type :Drinking Water

Date Reported:08/12/2021

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
70183768001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	8/11/21 7:30:00 AM Collected by: CLIENT	Analysis Time	Absent 8/12/21 12:00:00 PM	Absent 8/12/21 12:00:00 PM	0.41 8/11/21 7:30:00 AM
70183768002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	8/11/21 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 8/12/21 12:00:00 PM	Absent 8/12/21 12:00:00 PM	0.36 8/11/21 7:45:00 AM
70183768003	HB28 Routine Distribution Huebner Oakwood Rd.	8/11/21 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 8/12/21 12:00:00 PM	Absent 8/12/21 12:00:00 PM	0.54 8/11/21 8:00:00 AM
70183768004	HB29 Routine Distribution McFarland Ridgewood La.	8/11/21 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 8/12/21 12:00:00 PM	Absent 8/12/21 12:00:00 PM	0.44 8/11/21 8:15:00 AM
70183768005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	8/11/21 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 8/12/21 12:00:00 PM	Absent 8/12/21 12:00:00 PM	0.42 8/11/21 8:30:00 AM
70183768006	HB34 Routine Distribution Kappers 23 Washington Ave.	8/11/21 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 8/12/21 12:00:00 PM	Absent 8/12/21 12:00:00 PM	0.44 8/11/21 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.

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

Kimberley Mack
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 Sample Type :Drinking Water

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Lab	Location	Collected	Units Method Limits	E.coli N/A	Total Coliforms N/A	Field Residual mg/L
70183768007	HB31	8/11/21 9:00:00 AM		Absent	Absent	4
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	8/12/21 12:00:00 PM	8/12/21 12:00:00 PM	8/11/21 9:00:00 AM
70183768008	SPB#1	8/11/21 9:20:00 AM		Absent	Absent	0.58
Routine Distribution	SPB#1 Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	8/12/21 12:00:00 PM	8/12/21 12:00:00 PM	8/11/21 9:20:00 AM
70183768009	HB21	8/11/21 10:00:00 AM		Absent	Absent	0.51
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	8/12/21 12:00:00 PM	8/12/21 12:00:00 PM	8/11/21 10:00:00 AM
70183768010	HB5A	8/11/21 9:35:00 AM		Absent	Absent	0.49
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	8/12/21 12:00:00 PM	8/12/21 12:00:00 PM	8/11/21 9:35:00 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
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Kimberley Mack



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

WorkOrder :

70183768

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

WO#: 70183768



70183768

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 Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
7:30AM 8-11-21	PW	#12	D	-	RO	.41	7.49	BACT w/cr	
7:45AM 8-11-21	PW	#13	D	-	RO	.36	7.79	BACT w/cr	
8:00AM 8-11-21	PW	#28	D	-	RO	.54	7.61	BACT w/cr	
8:15AM 8-11-21	PW	#29	D	-	RO	.44	7.38	BACT w/cr	
8:30AM 8-11-21	PW	#16	D	-	RO	.42	7.32	BACT w/cr	
8:45AM 8-11-21	PW	#34	D	-	RO	.44	7.41	BACT w/cr	
9:00AM 8-11-21	PW	#31	D	-	RO	.58	7.89	BACT w/cr	
9:20AM 8-11-21	PW	SPB #1	D	-	RO	.51	7.81	BACT w/cr	
10:00AM 8-11-21	PW	#21	D	-	RO	.49	7.69	BACT w/cr	
9:35AM 8-11-21	PW	#5A	D	-	RO	.32	7.99	BACT w/cr	
Remarks:									

**Sample Request Form
PUBLIC WATER SUPPLIER**

Date: 8-11-21

Collected By: J. TUTHILL
Accepted By: J. TUTHILL
Cooler Temp: 21 °C

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

Return to Lab
8/11/21
1635



Sample Condition Upon Receipt

WO#: 70183768

Client Name: HBW

Project

PM: KMM

Due Date: 08/20/21

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 OtherThermometer Used: TH091 Correction Factor: +0.0Cooler Temperature(°C): 2.1 Cooler Temperature Corrected(°C): 2.1

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)Temperature Blank Present: Yes NoType 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: 8/11/21 1635Did 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 NoDid 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 type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input type="checkbox"/> Yes <input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	10.
Containers Intact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	11.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input 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 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 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: KI starch test strips Lot # Residual chlorine strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
SM 4500 CN samples checked for sulfide? Lead Acetate Strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	15.
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	16.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	17.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):		

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____

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