

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. : 70193395

Received : 11/03/21 5:00 PM
 Sample Type : Drinking Water

Date Reported: 11/05/2021

Lab	Location	Collected	Units Method Limits	<u>E.coli</u> N/A	<u>Total Coliforms</u> N/A	<u>Field Residual</u> mg/L
70193395001	HB9	11/3/21 7:30:00 AM		Absent	Absent	4
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT	Analysis Time	11/4/21 12:35:00 PM	11/4/21 12:35:00 PM	11/3/21 7:30:00 AM
70193395002	HB2	11/3/21 7:45:00 AM		Absent	Absent	0.28
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT	Analysis Time	11/4/21 12:35:00 PM	11/4/21 12:35:00 PM	11/3/21 7:45:00 AM
70193395003	HB3	11/3/21 8:00:00 AM		Absent	Absent	0.59
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT	Analysis Time	11/4/21 12:35:00 PM	11/4/21 12:35:00 PM	11/3/21 8:00:00 AM
70193395004	HB4	11/3/21 8:20:00 AM		Absent	Absent	0.32
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT	Analysis Time	11/4/21 12:35:00 PM	11/4/21 12:35:00 PM	11/3/21 8:20:00 AM
70193395005	HB5	11/3/21 8:35:00 AM		Absent	Absent	0.41
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT	Analysis Time	11/4/21 12:35:00 PM	11/4/21 12:35:00 PM	11/3/21 8:35:00 AM
70193395006	HB6	11/3/21 9:05:00 AM		Absent	Absent	0.48
Routine Distribution	Strong Oil Montauk Hwy. East	Collected by: CLIENT	Analysis Time	11/4/21 12:35:00 PM	11/4/21 12:35:00 PM	11/3/21 9:05:00 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
70193395007	HB7	11/3/21 9:40:00 AM		Absent	Absent	4
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	11/4/21 12:35:00 PM	11/4/21 12:35:00 PM	11/3/21 9:40:00 AM
70193395008	HB27	11/3/21 9:20:00 AM		Absent	Absent	0.38
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT	Analysis Time	11/4/21 12:35:00 PM	11/4/21 12:35:00 PM	11/3/21 9:20:00 AM
70193395009	HB8	11/3/21 8:50:00 AM		Absent	Absent	0.44
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT	Analysis Time	11/4/21 12:35:00 PM	11/4/21 12:35:00 PM	11/3/21 8:50:00 AM
70193395010	HB10	11/3/21 9:55:00 AM		Absent	Absent	0.41
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT	Analysis Time	11/4/21 12:35:00 PM	11/4/21 12:35:00 PM	11/3/21 9:55:00 AM
70193395011	HB35	11/3/21 10:15:00 AM		Absent	Absent	0.45
Routine Distribution	Classic Beverage W. Montauk Hwy.	Collected by: CLIENT	Analysis Time	11/4/21 12:35:00 PM	11/4/21 12:35:00 PM	11/3/21 10:15:00 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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575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
www.pacelabs.com

WorkOrder :

70193395

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



MO#: 70193395

Client Info: HAMPTON BAYS WATER DISTRICT

Name or Code: PO-BOX 1013

Address: HAMPTON BAYS, NEW YORK 11946

(631) 728-0179

Phone #: _____

Attn: _____

Proj. # or (Name): _____

Bill To: _____

Copies To: _____

Sample Info:

Sample Request Form PUBLIC WATER SUPPLIER

Date: 11-2-21

Collected By: K. Toth

Accepted By: [Signature]

Cooler Temp: 1.3 °C

Restems to Lab 11/3/21 1700

WELL RUN TO SYSTEM

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
MW - Waste Water		T - Tank	FE - Iron Removal Plant
AQ - Aqueous		MW - Monitoring Well	O - Other
S - Soil		I - Influent	
		E - Effluent	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
7:30 AM 11/3/21	PW	#19	D	-	Ro	.25	7.26	BACT w/ cc	001
7:45 AM 11/3/21	PW	#12	D	-	Ro	.59	7.01	BACT w/ cc	002
8:00 AM 11/3/21	PW	#3	D	-	Ro	.32	7.04	BACT w/ cc	003
8:20 AM 11/3/21	PW	#4	D	-	Ro	.41	7.09	BACT w/ cc	004
8:35 AM 11/3/21	PW	#5	D	-	Ro	.48	7.00	BACT w/ cc	005
9:05 AM 11/3/21	PW	#6	D	-	Ro	.39	7.02	BACT w/ cc	006
9:40 AM 11/3/21	PW	#7	D	-	Ro	.38	7.03	BACT w/ cc	007
9:20 AM 11/3/21	PW	#27	D	-	Ro	.44	7.07	BACT w/ cc	008
9:50 AM 11/3/21	PW	#8	D	-	Ro	.41	7.05	BACT w/ cc	009
9:55 AM 11/3/21	PW	#10	D	-	Ro	.45	7.22	BACT w/ cc	010
10:15 AM 11/3/21	PW	#35	D	-	Ro	.53	7.18	BACT w/ cc	011
Remarks: 11/3/21	PW	Trailer Park # 106	D	-	S	.47	7.51	BACT w/ cc, METALS	

Sample Condition Upon Receipt

WO#: 70193395



Client Name: HBW

Project:

PM: KMM

Due Date: 11/12/21

CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #:

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No N/A

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Thermometer Used: ~~TH091~~ TH176 Correction Factor: +0.1

Cooler Temperature(°C): 1.3 Cooler Temperature Corrected(°C): 1.4

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: 11/15/21 1700

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 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: <u>SL WT OIL</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, NaOH>12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).		Initial when completed: Lot # of added preservative: Date/Time preservative added:
Per Method, VOA pH is checked after analysis		
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. Positive for Sulfide? Y N
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: