

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. : 70196244

Received : 12/01/21 5:30 PM
 Sample Type : Drinking Water

Date Reported: 12/02/2021

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
70196244001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	12/1/21 7:30:00 AM Collected by: CLIENT	Analysis Time	Absent 12/2/21 12:42:00 PM	Absent 12/2/21 12:42:00 PM	0.46 12/1/21 7:30:00 AM
70196244002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	12/1/21 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 12/2/21 12:42:00 PM	Absent 12/2/21 12:42:00 PM	0.45 12/1/21 7:45:00 AM
70196244003	HB3 Routine Distribution U.S.C.G. Foster Ave.	12/1/21 8:25:00 AM Collected by: CLIENT	Analysis Time	Absent 12/2/21 12:42:00 PM	Absent 12/2/21 12:42:00 PM	0.30 12/1/21 8:25:00 AM
70196244004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	12/1/21 8:05:00 AM Collected by: CLIENT	Analysis Time	Absent 12/2/21 12:42:00 PM	Absent 12/2/21 12:42:00 PM	0.44 12/1/21 8:05:00 AM
70196244005	HB5 Routine Distribution H.B. High School Argonne Rd.	12/1/21 8:40:00 AM Collected by: CLIENT	Analysis Time	Absent 12/2/21 12:42:00 PM	Absent 12/2/21 12:42:00 PM	0.46 12/1/21 8:40:00 AM
70196244006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	12/1/21 8:55:00 AM Collected by: CLIENT	Analysis Time	Absent 12/2/21 12:42:00 PM	Absent 12/2/21 12:42:00 PM	0.44 12/1/21 8:55:00 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	E.coli N/A	Total Coliforms N/A	Field Residual mg/L
70196244007	HB7	12/1/21 9:25:00 AM		Absent	Absent	4
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	12/2/21 12:42:00 PM	12/2/21 12:42:00 PM	12/1/21 9:25:00 AM
70196244008	HB27	12/1/21 9:10:00 AM		Absent	Absent	0.50
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT	Analysis Time	12/2/21 12:42:00 PM	12/2/21 12:42:00 PM	12/1/21 9:10:00 AM
70196244009	HB8	12/1/21 9:40:00 AM		Absent	Absent	0.43
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT	Analysis Time	12/2/21 12:42:00 PM	12/2/21 12:42:00 PM	12/1/21 9:40:00 AM
70196244010	HB10	12/1/21 9:55:00 AM		Absent	Absent	0.84
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT	Analysis Time	12/2/21 12:42:00 PM	12/2/21 12:42:00 PM	12/1/21 9:55:00 AM
70196244011	HB35	12/1/21 10:15:00 AM		Absent	Absent	0.54
Routine Distribution	Classic Beverage W. Montauk Hwy.	Collected by: CLIENT	Analysis Time	12/2/21 12:42:00 PM	12/2/21 12:42:00 PM	12/1/21 10:15:00 AM

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

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



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

WorkOrder :

70196244

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

Sample Request Form PUBLIC WATER SUPPLIER

*Return to Lab
12/1/21 1730*

Date: 12-1-21
 Collected By: K. TOTHILL
 Accepted By: [Signature]
 Cooler Temp: 3.1 °C 1410

WELL OFF LINE

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

WO#: 70196244



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 12-1-21	PW	#9	D	-	RO	.46	7.54	BACT w/ccl	
7:45AM 12-1-21	PW	#2	D	-	RO	.45	7.37	BACT w/ccl	
8:25AM 12-1-21	PW	#3	D	-	RO	.30	7.46	BACT w/ccl	
8:45AM 12-1-21	PW	#4	D	-	RO	.44	7.34	BACT w/ccl	
8:40AM 12-1-21	PW	#5	D	-	RO	.46	7.36	BACT w/ccl	
8:55AM 12-1-21	PW	#6	D	-	RO	.44	7.36	BACT w/ccl	
9:25AM 12-1-21	PW	#7	D	-	RO	.50	7.57	BACT w/ccl	
9:10AM 12-1-21	PW	#27	D	-	RO	.43	7.63	BACT w/ccl	
9:40AM 12-1-21	PW	#8	D	-	RO	.84	7.51	BACT w/ccl	
9:55AM 12-1-21	PW	#10	D	-	RO	.48	7.14	BACT w/ccl	
10:15AM 12-1-21	PW	#35	D	-	RO	.54	7.12	BACT w/ccl	

Remarks:



Sample Condition Upon Receipt

WO#: 70196244

Client Name: HBW

Project

PM: KMM

Due Date: 12/13/21

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]: 3.1 Cooler Temperature Corrected [°C]: 3.2

Temp should be above freezing to 6.0°C

USDA Regulated Soil N/A, water sample

Date and Initials of person examining contents: 12/1/21 1730

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 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 I)	<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	
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</u> <u>WT</u> <u>OIL</u>		
All containers needing preservation have been checked? pH paper Lot #	<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
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, DRD/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 checked="" 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 checked="" type="checkbox"/> N/A	15. Positive for Sulfide? Y N
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: _____