

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. : 70197144

Received : 12/08/21 5:05 PM
 Sample Type : Drinking Water

Date Reported: 12/10/2021

Lab	Location	Collected	Units Method Limits	<u>E.coli</u> N/A	<u>Total Coliforms</u> N/A	<u>Field Residual</u> mg/L
70197144001	HB12	12/8/21 7:30:00 AM		Absent	Absent	4
Routine Distribution	M. Layburn Squires Pond Rd.	Collected by: CLIENT	Analysis Time	12/9/21 1:17:00 PM	12/9/21 1:17:00 PM	12/8/21 7:30:00 AM
70197144002	HB13	12/8/21 8:15:00 AM		Absent	Absent	0.36
Routine Distribution	H.B. Bagel W. Montauk Hwy.	Collected by: CLIENT	Analysis Time	12/9/21 1:17:00 PM	12/9/21 1:17:00 PM	12/8/21 8:15:00 AM
70197144003	HB28	12/8/21 8:30:00 AM		Absent	Absent	0.61
Routine Distribution	Huebner Oakwood Rd.	Collected by: CLIENT	Analysis Time	12/9/21 1:17:00 PM	12/9/21 1:17:00 PM	12/8/21 8:30:00 AM
70197144004	HB29	12/8/21 8:45:00 AM		Absent	Absent	0.39
Routine Distribution	McFarland Ridgewood La.	Collected by: CLIENT	Analysis Time	12/9/21 1:17:00 PM	12/9/21 1:17:00 PM	12/8/21 8:45:00 AM
70197144005	HB16	12/8/21 9:00:00 AM		Absent	Absent	0.36
Routine Distribution	Spellman's Marine Rampasture Rd.	Collected by: CLIENT	Analysis Time	12/9/21 1:17:00 PM	12/9/21 1:17:00 PM	12/8/21 9:00:00 AM
70197144006	HB34	12/8/21 9:15:00 AM		Absent	Absent	0.55
Routine Distribution	Kappers 23 Washington Ave.	Collected by: CLIENT	Analysis Time	12/9/21 1:17:00 PM	12/9/21 1:17:00 PM	12/8/21 9:15:00 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

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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
70197144007	HB31	12/8/21 9:45:00 AM		Absent	Absent	4
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	12/9/21 1:17:00 PM	12/9/21 1:17:00 PM	12/8/21 9:45:00 AM
70197144008	SPB#1	12/8/21 10:05:00 AM		Absent	Absent	0.41
Routine Distribution	Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	12/9/21 1:17:00 PM	12/9/21 1:17:00 PM	12/8/21 10:05:00 AM
70197144009	HB21	12/8/21 10:20:00 AM		Absent	Absent	0.24
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	12/9/21 1:17:00 PM	12/9/21 1:17:00 PM	12/8/21 10:20:00 AM
70197144010	HB5A	12/8/21 10:35:00 AM		Absent	Absent	0.41
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	12/9/21 1:17:00 PM	12/9/21 1:17:00 PM	12/8/21 10:35:00 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 :

70197144

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#: 70197144



70197144

Client Info:

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

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

**Sample Request Form
PUBLIC WATER SUPPLIER**

Date: 12-8-21

Collected By: S. TUTTLE
Accepted By: [Signature] 12/8/21

Cooler Temp: 1.3 °C 1405

Return to Lab
12/8/21 1705

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Sample Type	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	Field Readings pH/Temp	Analysis	Lab No.
9:30AM 12/8/21	PW	42 Suffolk Rd	D	-	S	.66	7.28	Bact, I/M, Metals	
7:30AM 12/8/21	PW	#12	D	-	RO	.36	7.28	Bact w/CC	001
7:15AM 12/8/21	PW	#13	D	-	RO	.61	7.33	Bact w/CC	002
8:30AM 12/8/21	PW	#28	D	-	RO	.39	7.10	BACT w/CC	003
8:45AM 12/8/21	PW	#29	D	-	RO	.36	7.08	BACT w/CC	004
9:00AM 12/8/21	PW	#16	D	-	RO	.55	7.18	BACT w/CC	005
9:45AM 12/8/21	PW	#34	D	-	RO	.30	7.30	BACT w/CC	006
2:45PM 12/8/21	PW	#31	D	-	RO	.40	7.30	BACT w/CC	007
6:55PM 12/8/21	PW	SPB#1	D	-	RO	.41	7.60	BACT w/CC	008
10:20PM 12/8/21	PW	#21	D	-	RO	.24	7.71	BACT w/CC	009
10:55PM 12/8/21	PW	#5A	D	-	RO	.41	7.28	BACT w/CC	010

Remarks:



Sample Condition Upon Receipt

WO#: 70197144

Client Name: H/BW

Project

PM: KMM

Due Date: 12/20/21

CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes 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: MJ 12/18/21 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.

				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 I):	<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		10.
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). 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: _____

