

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. : 70152145

Received : 11/04/2020 4:40
 Sample Type : Drinking Water

Date Reported: 11/05/2020

Lab	Location	Collected	Units	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	Absent	Absent	4
70152145001	HB9	11/4/2020 7:30:00		Absent	Absent	0.48
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT	Analysis Time	11/5/2020 12:10:00	11/5/2020 12:10:00	11/4/2020 7:30:00 AM
70152145002	HB27	11/4/2020 8:35:00		Absent	Absent	0.57
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT	Analysis Time	11/5/2020 12:10:00	11/5/2020 12:10:00	11/4/2020 8:35:00 AM
70152145003	HB2	11/4/2020 7:45:00		Absent	Absent	0.60
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT	Analysis Time	11/5/2020 12:10:00	11/5/2020 12:10:00	11/4/2020 7:45:00 AM
70152145004	HB3	11/4/2020 8:00:00		Absent	Absent	0.40
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT	Analysis Time	11/5/2020 12:10:00	11/5/2020 12:10:00	11/4/2020 8:00:00 AM
70152145005	HB4	11/4/2020 8:15:00		Absent	Absent	0.49
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT	Analysis Time	11/5/2020 12:10:00	11/5/2020 12:10:00	11/4/2020 8:15:00 AM
70152145006	HB5	11/4/2020 8:50:00		Absent	Absent	0.61
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT	Analysis Time	11/5/2020 12:10:00	11/5/2020 12:10:00	11/4/2020 8:50:00 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
 Kimberley Mack

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. : 70152145

Received : 11/04/2020 4:40
 Sample Type : Drinking Water

Date Reported: 11/05/2020

Lab	Location	Collected	Units	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A	N/A	mg/L
			<u>Metho</u>	SM22 9223B Colilert	SM22 9223B Colilert	
			<u>Limits</u>	Absent	Absent	4
70152145007	HB6	11/4/2020 9:05:00		Absent	Absent	0.52
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	11/5/2020 12:10:00	11/5/2020 12:10:00	11/4/2020 9:05:00 AM
Distribution	Montauk Hwy. East					
70152145008	HB7	11/4/2020 9:20:00		Absent	Absent	0.44
Routine	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	11/5/2020 12:10:00	11/5/2020 12:10:00	11/4/2020 9:20:00 AM
Distribution						
70152145009	HB8	11/4/2020 9:50:00		Absent	Absent	0.56
Routine	B. McCormack	Collected by: CLIENT	Analysis Time	11/5/2020 12:10:00	11/5/2020 12:10:00	11/4/2020 9:50:00 AM
Distribution	Bittersweet Ave.					
70152145010	HB10	11/4/2020 9:35:00		Absent	Absent	0.49
Routine	Pete's Deli	Collected by: CLIENT	Analysis Time	11/5/2020 12:10:00	11/5/2020 12:10:00	11/4/2020 9:35:00 AM
Distribution	Montauk Hwy. West					
70152145011	HB11	11/4/2020 10:25:00		Absent	Absent	0.48
Routine	Riverhead Building Supply	Collected by: CLIENT	Analysis Time	11/5/2020 12:10:00	11/5/2020 12:10:00	11/4/2020 10:25:00
Distribution	Montauk Hwy. West					

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



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

WorkOrder :

70152145

Laboratory Certifications

Pace Analytical Services Long Island

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158

Pennsylvania Certification #: 68-00350

Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: LAO00340

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

WO#: 70152145



70152145

**Sample Request Form
PUBLIC WATER SUPPLIER**

*Return to Lab
11/4/20 1640*

Date: 11-4-20

Collected By: M. T. THILL

Accepted By: *[Signature]* 11/4/20

Cooler Temp: 1.9 °C 1325

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

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 Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
7:30AM 11-4-20	PW	#9	D	-	RO .48	7.84	BACT w/CL	
8:35AM 11-4-20	PW	#27	D	-	RO .57	7.12	BACT w/CL	
7:45AM 11-4-20	PW	#2	D	-	RO .60	7.36	BACT w/CL	
8:00AM 11-4-20	PW	#3	D	-	RO .40	7.28	BACT w/CL	
8:15AM 11-4-20	PW	#4	D	-	RO .49	7.33	BACT w/CL	
8:50AM 11-4-20	PW	#5	D	-	RO .61	7.10	BACT w/CL	
9:05AM 11-4-20	PW	#6	D	-	RO .52	7.08	BACT w/CL	
9:20AM 11-4-20	PW	#7	D	-	RO .44	7.24	BACT w/CL	
9:50 AM 11-4-20	PW	#8	D	-	RO .56	7.04	BACT w/CL	
8:35AM 11-4-20	PW	#10	D	-	RO .49	7.31	BACT w/CL	
10:05AM 11-4-20	PW	#11	D	-	RO .48	7.20	BACT w/CL	

Remarks:

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



Sample Condition Upon Receipt

WO#: 70152145

Client Name: HBW

Project

PM: KMM

Due Date: 12/04/20

CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____

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

Temperature Blank Present: Yes No

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Type of Ice: Wet Blue None

Thermometer Used: TH091 1.9 Correction Factor: -0.2

Samples on Ice, cooling process has begun

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

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: MM 11/4/20
1640

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 (internationally, 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 MS/MSD)	<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	
Containers Intact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	10.
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/Analysis 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. <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 EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sultide, NAOH>12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #		
Residual chlorine strips Lot #		
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	16.
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: _____