

## 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. : 70156084**

Received : 12/09/2020 4:15  
 Sample Type : Drinking Water

Date Reported: 12/10/2020

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>	SM22 9223B Colilert	SM22 9223B Colilert	
				Absent	Absent	4
<b>70156084001</b>	HB2	12/9/2020 7:30:00		<b>Absent</b>	<b>Absent</b>	<b>0.39</b>
Routine	R. Loetscher	Collected by: CLIENT	Analysis Time	12/10/2020 11:40:00	12/10/2020 11:40:00	12/9/2020 7:30:00 AM
Distribution	Wakeman Rd.					
<b>70156084002</b>	HB13	12/9/2020 7:45:00		<b>Absent</b>	<b>Absent</b>	<b>0.52</b>
Routine	H.B. Bagel	Collected by: CLIENT	Analysis Time	12/10/2020 11:40:00	12/10/2020 11:40:00	12/9/2020 7:45:00 AM
Distribution	W. Montauk Hwy.					
<b>70156084003</b>	HB28	12/9/2020 8:00:00		<b>Absent</b>	<b>Absent</b>	<b>0.64</b>
Routine	Huebner	Collected by: CLIENT	Analysis Time	12/10/2020 11:40:00	12/10/2020 11:40:00	12/9/2020 8:00:00 AM
Distribution	Oakwood Rd.					
<b>70156084004</b>	HB29	12/9/2020 8:15:00		<b>Absent</b>	<b>Absent</b>	<b>0.48</b>
Routine	McFarland	Collected by: CLIENT	Analysis Time	12/10/2020 11:40:00	12/10/2020 11:40:00	12/9/2020 8:15:00 AM
Distribution	Ridgewood La.					
<b>70156084005</b>	HB16	12/9/2020 8:30:00		<b>Absent</b>	<b>Absent</b>	<b>0.57</b>
Routine	Spellman's Marine	Collected by: CLIENT	Analysis Time	12/10/2020 11:40:00	12/10/2020 11:40:00	12/9/2020 8:30:00 AM
Distribution	Rampasture Rd.					
<b>70156084006</b>	HB34	12/9/2020 8:45:00		<b>Absent</b>	<b>Absent</b>	<b>0.46</b>
Routine	Kappers - 23 Washington Ave.	Collected by: CLIENT	Analysis Time	12/10/2020 11:40:00	12/10/2020 11:40:00	12/9/2020 8:45:00 AM
Distribution						

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*  
 Kimberley Mack

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Date Reported: 12/10/2020

				<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
			<u>Units</u>	N/A	N/A	mg/L
			<u>Metho</u>	SM22 9223B Colilert	SM22 9223B Colilert	
			<u>Limits</u>	Absent	Absent	4
<b>70156084007</b>	<b>HB31</b>	<b>12/9/2020 9:00:00</b>		<b>Absent</b>	<b>Absent</b>	<b>0.83</b>
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	<b>12/10/2020 11:40:00</b>	<b>12/10/2020 11:40:00</b>	<b>12/9/2020 9:00:00 AM</b>
<b>70156084008</b>	<b>SPB#1</b>	<b>12/9/2020 9:20:00</b>		<b>Absent</b>	<b>Absent</b>	<b>0.48</b>
Routine Distribution	Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	<b>12/10/2020 11:40:00</b>	<b>12/10/2020 11:40:00</b>	<b>12/9/2020 9:20:00 AM</b>
<b>70156084009</b>	<b>HB21</b>	<b>12/9/2020 9:40:00</b>		<b>Absent</b>	<b>Absent</b>	<b>0.56</b>
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	<b>12/10/2020 11:40:00</b>	<b>12/10/2020 11:40:00</b>	<b>12/9/2020 9:40:00 AM</b>
<b>70156084010</b>	<b>HB5A</b>	<b>12/9/2020 10:00:00</b>		<b>Absent</b>	<b>Absent</b>	<b>0.33</b>
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	<b>12/10/2020 11:40:00</b>	<b>12/10/2020 11:40:00</b>	<b>12/9/2020 10:00:00</b>

Result(s) reported meet(s) NYS Regulatory Limit(s).  
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**Kimberley Mack**



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

**WorkOrder :**

70156084

## Laboratory Certifications

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**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#: 70156084



70156084

# Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 12-9-20

Collected By: K. T. UTHILL 12/9/20 1328

Client Info: HAMPTON BAYS WATER DISTRICT  
P.O. BOX 1013  
HAMPTON BAYS, NEW YORK 11946  
(631) 725-0179

Name or Code: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Attn: \_\_\_\_\_

Proj. # or (Name): \_\_\_\_\_

Bill To: \_\_\_\_\_

Copies To: \_\_\_\_\_

Cooler Temp: 3.6 °C  YES  NO VOC'S PRESERVED WITH HGI

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	

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl <sub>2</sub> pH/Temp	Analysis	Lab No.
7:30 AM 12-9-20	PW	#12	D	-	RO	0.39 7.04	BACT w/CL	
7:45 AM 12-9-20	PW	#13	D	-	RO	0.52 7.03	BACT w/CL	
8:00 AM 12-9-20	PW	#28	D	-	RO	0.64 7.62	BACT w/CL	
8:15 AM 12-9-20	PW	#29	D	-	RO	0.48 7.04	BACT w/CL	
8:30 AM 12-9-20	PW	#16	D	-	RO	0.57 7.01	BACT w/CL	
8:45 AM 12-9-20	PW	#34	D	-	RO	0.46 7.00	BACT w/CL	
9:00 AM 12-9-20	PW	#31	D	-	RO	0.83 7.04	BACT w/CL	
9:20 AM 12-9-20	PW	SPB #1	D	-	RO	0.48 7.01	BACT w/CL	
9:40 AM 12-9-20	PW	#21	D	-	RO	0.56 7.04	BACT w/CL	
10:00 AM 12-9-20	PW	#54	D	-	RO	0.33 7.03	BACT w/CL	

Remarks:



Sample Condition Upon Receipt

**WO#: 70156084**

Client Name: HBW

Project: **PM: KMM** **Due Date: 01/08/21**  
**CLIENT: HBW**

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other

Tracking #: \_\_\_\_\_

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

Packing Material:  Bubble Wrap  Bubble Bags  Ziploc  None  Other

Thermometer Used: TH091 Correction Factor: -0.2

Cooler Temperature (°C): 3.6 Cooler Temperature Corrected (°C): 3.4

Temp should be above freezing to 6.0°C

USDA Regulated Soil (  N/A, water sample)

Date and Initials of person examining contents: GH 1/29/20

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 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 checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <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 <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH>9 Sulfide, <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
NAOH>12 Cyanide)	
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.
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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_