

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. : 70158492

Received :01/06/2021 4:40
 Sample Type :Drinking Water

Date Reported:01/07/2021

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
70158492001	HB9	1/6/2021 7:30:00 AM		Absent	Absent	0.48
Routine	SO. Town Highway Dept.	Collected by: CLIENT	Analysis Time	1/7/2021 12:12:00 PM	1/7/2021 12:12:00 PM	1/6/2021 7:30:00 AM
Distribution	Jackson Ave.					
70158492002	HB27	1/6/2021 7:45:00 AM		Absent	Absent	0.49
Routine	Suffolk Cty. Hwy. Dept.	Collected by: CLIENT	Analysis Time	1/7/2021 12:12:00 PM	1/7/2021 12:12:00 PM	1/6/2021 7:45:00 AM
Distribution	North Hwy.					
70158492003	HB2	1/6/2021 8:30:00 AM		Absent	Absent	0.56
Routine	R. Loetscher	Collected by: CLIENT	Analysis Time	1/7/2021 12:12:00 PM	1/7/2021 12:12:00 PM	1/6/2021 8:30:00 AM
Distribution	Wakeman Rd.					
70158492004	HB3	1/6/2021 8:45:00 AM		Absent	Absent	0.52
Routine	U.S.C.G.	Collected by: CLIENT	Analysis Time	1/7/2021 12:12:00 PM	1/7/2021 12:12:00 PM	1/6/2021 8:45:00 AM
Distribution	Foster Ave.					
70158492005	HB4	1/6/2021 8:00:00 AM		Absent	Absent	0.43
Routine	H.B. Elem School	Collected by: CLIENT	Analysis Time	1/7/2021 12:12:00 PM	1/7/2021 12:12:00 PM	1/6/2021 8:00:00 AM
Distribution	Ponquogue Ave.					
70158492006	HB5	1/6/2021 8:15:00 AM		Absent	Absent	0.50
Routine	H.B. High School	Collected by: CLIENT	Analysis Time	1/7/2021 12:12:00 PM	1/7/2021 12:12:00 PM	1/6/2021 8:15:00 AM
Distribution	Argonne Rd.					

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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			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	Absent	Absent	4
70158492007	HB6	1/6/2021 9:15:00 AM		Absent	Absent	0.53
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	1/7/2021 12:12:00 PM	1/7/2021 12:12:00 PM	1/6/2021 9:15:00 AM
Distribution	Montauk Hwy. East					
70158492008	HB7	1/6/2021 9:30:00 AM		Absent	Absent	0.58
Routine	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	1/7/2021 12:12:00 PM	1/7/2021 12:12:00 PM	1/6/2021 9:30:00 AM
Distribution						
70158492009	HB8	1/6/2021 9:00:00 AM		Absent	Absent	0.70
Routine	B. McCormack	Collected by: CLIENT	Analysis Time	1/7/2021 12:12:00 PM	1/7/2021 12:12:00 PM	1/6/2021 9:00:00 AM
Distribution	Bittersweet Ave.					
70158492010	HB10	1/6/2021 9:45:00 AM		Absent	Absent	0.66
Routine	Pete's Deli	Collected by: CLIENT	Analysis Time	1/7/2021 12:12:00 PM	1/7/2021 12:12:00 PM	1/6/2021 9:45:00 AM
Distribution	Montauk Hwy. West					
70158492011	HB11	1/6/2021 10:00:00		Absent	Absent	1.26
Routine	Riverhead Building Supply	Collected by: CLIENT	Analysis Time	1/7/2021 12:12:00 PM	1/7/2021 12:12:00 PM	1/6/2021 10:00:00 AM
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.

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

WorkOrder :

70158492

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#: 70158492



70158492

1000 10011 420-0430

HAMPTON BAYS WATER DISTRICT
P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946
HAMPTON BAYS WATER DISTRICT
HAMPTON BAYS, NEW YORK 11946
(631) 738-0179

Client Info:

Name or Code: _____
Address: _____

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

Sample Info:

Date/Time Collected:	Sample Type	Location
7:30 AM 1-6-21	PW	#9
7:45 AM 1-6-21	PW	#37
8:15 AM 1-6-21	PW	#3 #2
8:45 AM 1-6-21	PW	#4 #3
8:00 AM 1-6-21	PW	#4
8:15 AM 1-6-21	PW	#5
9:15 AM 1-6-21	PW	#6
9:30 AM 1-6-21	PW	#7
9:00 AM 1-6-21	PW	#8
9:45 AM 1-6-21	PW	#10
10:00 AM 1-6-21	PW	#11

Remarks:

**Sample Request Form
PUBLIC WATER SUPPLIER**

Date: 1-6-21

Collected By: K. T. G. THILL

Accepted By: Jimmy 13:41 1/6/21

Cooler Temp: 5.0 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

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

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings		Analysis	Lab No.
						Cl ₂	pH/Temp		
7:30 AM 1-6-21	PW	#9	D	-	RO	.48	7.09	BACT w/e	
7:45 AM 1-6-21	PW	#37	D	-	RO	.49	7.21	BACT w/e	
8:15 AM 1-6-21	PW	#3 #2	D	-	RO	.56	7.11	BACT w/e	
8:45 AM 1-6-21	PW	#4 #3	D	-	RO	.52	7.20	BACT w/e	
8:00 AM 1-6-21	PW	#4	D	-	RO	.43	7.42	BACT w/e	
8:15 AM 1-6-21	PW	#5	D	-	RO	.50	7.49	BACT w/e	
9:15 AM 1-6-21	PW	#6	D	-	RO	.53	7.69	BACT w/e	
9:30 AM 1-6-21	PW	#7	D	-	RO	.58	7.00	BACT w/e	
9:00 AM 1-6-21	PW	#8	D	-	RO	.70	7.02	BACT w/e	
9:45 AM 1-6-21	PW	#10	D	-	RO	.66	7.00	BACT w/e	
10:00 AM 1-6-21	PW	#11	D	-	RO	1.26	7.00	BACT w/e	



Sample Collection upon Receipt

WO#: 70158492
PM: KMM Due Date: 02/05/21
CLIENT: HBW

Client Name: Hampton Bay W.D.

Project #

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): 5.0 Cooler Temperature Corrected(°C): 4.8

Temp should be above freezing to 6.0°C
USDA Regulated Soil (N/A, water sample)

Temperature Blank Present: Yes No
Type of Ice: Wet Blue None
 Samples on ice, cooling process has begun
Date/Time 5035A kits placed in freezer

Date and Initials of person examining contents: 1/6/21 EU

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, <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, 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: <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: _____

* PM (Project Manager) review is documented electronically in LIMS.