



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

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

Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70224393001
Client Sample ID.: HB9

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/03/2022 07:30 AM Point HB9
 Received : 08/03/2022 04:15 PM Location SO. Town Highway Dept.
 Collected By CLIENT Jackson Ave.

Analytical Method:Field Method

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Field Residual Chlorine	0.84	N3	1	mg/L	4	08/03/2022 7:30 AM	001 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 08/03/2022 5:45 PM

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
E.coli	Absent		1		Absent	08/04/2022 11:45	001 SP5T1/1
Total Coliforms	Absent		1		Absent	08/04/2022 11:45	001 SP5T1/1

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.
 ND - Not Detected at or above adjusted reporting limit.
 J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range
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Kimberley Mack

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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70224393002
Client Sample ID.: HB2

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/03/2022 07:45 AM Point HB2
 Received : 08/03/2022 04:15 PM Location R. Loetscher
 Collected By CLIENT Wakeman Rd.

Analytical Method:Field Method

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Field Residual Chlorine	0.79	N3	1	mg/L	4	08/03/2022 7:45 AM	002 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 08/03/2022 5:45 PM

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
E.coli	Absent		1		Absent	08/04/2022 11:45	002 SP5T1/1
Total Coliforms	Absent		1		Absent	08/04/2022 11:45	002 SP5T1/1

Qualifiers:

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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70224393003
Client Sample ID.: HB3

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/03/2022 08:10 AM Point HB3
 Received : 08/03/2022 04:15 PM Location U.S.C.G.
 Collected By CLIENT Foster Ave.

Analytical Method:Field Method

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Field Residual Chlorine	0.51	N3	1	mg/L	4	08/03/2022 8:10 AM	003 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 08/03/2022 5:45 PM

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
E.coli	Absent		1		Absent	08/04/2022 11:45	003 SP5T1/1
Total Coliforms	Absent		1		Absent	08/04/2022 11:45	003 SP5T1/1

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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70224393004
Client Sample ID.: HB4

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/03/2022 08:30 AM Point HB4
 Received : 08/03/2022 04:15 PM Location H.B. Elem School
 Collected By CLIENT Ponquogue Ave.

Analytical Method:Field Method

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Field Residual Chlorine	0.81	N3	1	mg/L	4	08/03/2022 8:30 AM	004 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 08/03/2022 5:45 PM

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
E.coli	Absent		1		Absent	08/04/2022 11:45	004 SP5T1/1
Total Coliforms	Absent		1		Absent	08/04/2022 11:45	004 SP5T1/1

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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70224393005
Client Sample ID.: HB5

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/03/2022 09:35 AM Point HB5
 Received : 08/03/2022 04:15 PM Location H.B. High School
 Collected By CLIENT Argonne Rd.

Analytical Method:Field Method

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Field Residual Chlorine	0.87	N3	1	mg/L	4	08/03/2022 9:35 AM	005 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 08/03/2022 5:45 PM

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
E.coli	Absent		1		Absent	08/04/2022 11:45	005 SP5T1/1
Total Coliforms	Absent		1		Absent	08/04/2022 11:45	005 SP5T1/1

Qualifiers:

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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70224393006
Client Sample ID.: HB6

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/03/2022 08:45 AM Point HB6
 Received : 08/03/2022 04:15 PM Location Strong Oil
 Collected By CLIENT Montauk Hwy. East

Analytical Method:Field Method

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Field Residual Chlorine	0.70	N3	1	mg/L	4	08/03/2022 8:45 AM	006 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 08/03/2022 5:45 PM

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
E.coli	Absent		1		Absent	08/04/2022 11:45	006 SP5T1/1
Total Coliforms	Absent		1		Absent	08/04/2022 11:45	006 SP5T1/1

Qualifiers:

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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70224393007
Client Sample ID.: HB27

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/03/2022 09:05 AM Point HB27
 Received : 08/03/2022 04:15 PM Location Suffolk Cty. Hwy. Dept.
 Collected By CLIENT North Hwy.

Analytical Method:Field Method

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Field Residual Chlorine	0.68	N3	1	mg/L	4	08/03/2022 9:05 AM	007 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 08/03/2022 5:45 PM

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
E.coli	Absent		1		Absent	08/04/2022 11:45	007 SP5T1/1
Total Coliforms	Absent		1		Absent	08/04/2022 11:45	007 SP5T1/1

Qualifiers:

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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70224393008
Client Sample ID.: HB7

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/03/2022 09:55 AM Point HB7
 Received : 08/03/2022 04:15 PM Location SO. Town Parks & Rec
 Collected By CLIENT

Analytical Method:Field Method

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Field Residual Chlorine	0.60	N3	1	mg/L	4	08/03/2022 9:55 AM	008 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 08/03/2022 5:45 PM

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
E.coli	Absent		1		Absent	08/04/2022 11:45	008 SP5T1/1
Total Coliforms	Absent		1		Absent	08/04/2022 11:45	008 SP5T1/1

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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70224393009
Client Sample ID.: HB8

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/03/2022 10:15 AM Point HB8
 Received : 08/03/2022 04:15 PM Location B. McCormack
 Collected By CLIENT Bittersweet Ave.

Analytical Method:Field Method

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Field Residual Chlorine	0.68	N3	1	mg/L	4	08/03/2022 10:15	009 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 08/03/2022 5:45 PM

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
E.coli	Absent		1		Absent	08/04/2022 11:45	009 SP5T1/1
Total Coliforms	Absent		1		Absent	08/04/2022 11:45	009 SP5T1/1

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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70224393010
Client Sample ID.: HB10

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/03/2022 10:35 AM Point HB10
 Received : 08/03/2022 04:15 PM Location Pete's Deli
 Collected By CLIENT Montauk Hwy. West

Analytical Method:Field Method

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Field Residual Chlorine	0.51	N3	1	mg/L	4	08/03/2022 10:35	010 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 08/03/2022 5:45 PM

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
E.coli	Absent		1		Absent	08/04/2022 11:45	010 SP5T1/1
Total Coliforms	Absent		1		Absent	08/04/2022 11:45	010 SP5T1/1

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Sample Information:

Type: Drinking Water
 Origin: Routine
 Routine

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70224393011
Client Sample ID.: HB35

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/03/2022 10:55 AM Point HB35
 Received : 08/03/2022 04:15 PM Location Classic Beverage
 Collected By CLIENT W. Montauk Hwy.

Analytical Method:Field Method

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Field Residual Chlorine	0.67	N3	1	mg/L	4	08/03/2022 10:55	011 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 08/03/2022 5:45 PM

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
E.coli	Absent		1		Absent	08/04/2022 11:45	011 SP5T1/1
Total Coliforms	Absent		1		Absent	08/04/2022 11:45	011 SP5T1/1

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WorkOrder :

70224393

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



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70224393

Additional Qualifiers

N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.



W/O# : 70224393



Client ID

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 Request Form PUBLIC WATER SUPPLIER

Del. by: [Signature] 16:15 8/3/22

WELL OFF LINE
 WELL RUN TO SYSTEM

Date: 8-3-22
 Collected By: [Signature]
 Accepted By: [Signature] 13:15 8/3/22
 Cooler Temp: 4.3 °C

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	

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
8/3/22/7:30AM	PW	#9	D	-	RO	.84	7.39	BACT w/ccl	
8/3/22/7:45AM	PW	#2	D	-	RO	.79	7.29	BACT w/ccl	
8/3/22/8:10AM	PW	#3	D	-	RO	.51	7.21/7.2°C	BACT w/ccl, VOC, HAA, CHLORIDE	
8/3/22/8:30AM	PW	#4	D	-	RO	.81	7.19	BACT w/ccl	
8/3/22/9:35AM	PW	#5	D	-	RO	.87	7.18	BACT w/ccl	
8/3/22/8:45AM	PW	#6	D	-	RO	.70	7.20	BACT w/ccl	
8/3/22/9:05AM	PW	#7	D	-	RO	.68	7.18	BACT w/ccl	
8/3/22/9:55AM	PW	#7	D	-	RO	.60	7.17	BACT w/ccl	
8/3/22/10:15AM	PW	#8	D	-	RO	.68	7.64/7.2°C	BACT w/ccl, VOC, HAA, CHLORIDE	
8/3/22/10:35AM	PW	#10	D	-	RO	.51	7.12	BACT w/ccl	
8/3/22/10:55AM	PW	#35	D	-	RO	.67	7.20	BACT w/ccl	

Remarks:



Sample Condition Upon Receipt

WO#: 70224393

PM: KMM

Due Date: 08/12/22

CLIENT: HBN

Client Name:

Project

Hampton Bay W.D.

Courier: Fed Ex UPS USPS Client Commercial Retail 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: #1091 71148 Correction Factor: + 0.1

Cooler Temperature: 4.3 Cooler Temperature Corrected: 4.4

Temp should be above freezing to 6.0°C

USDA Regulated Soil: N/A, water sample

Date and Initials of person examining contents: 8/3/22 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: 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 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).			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. Positive for Sulfide? Y N
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: