



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

## Treatment

GAC

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/31/2022 10:00 AM Point GAC EFFLUENT

Received : 03/31/2022 11:20 AM Location GAC EFFLUENT

Collected By CLIENT

### Sample Comments:

RAN TO WASTE

Lab No. : 70209136001

Client Sample ID.: GAC EFFLUENT (RAN TO WASTE)

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/31/2022 3:00 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	04/01/2022 9:00 AM	001 SP5T1/1
Total Coliforms	Absent		1		Absent	04/01/2022 9:00 AM	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

U - Indicates the compound was analyzed for, but not detected

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 04/04/2022

Kimberley Mack

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.



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**WorkOrder :**  
70209136

## Laboratory Certifications

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### **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#: 70209136

Client Name: HBW

Project

PM: KMM

Due Date: 04/11/22

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 ✓

Correction Factor: + 0.1

Temperature Blank Present:  Yes  No

Type of Ice: Wet Blue None

Cooler Temperature(°C): 1.6

Cooler Temperature Corrected(°C): 1.7

Samples on ice, cooling process has begun

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: TK 3-31-22 1253

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC,

Did samples originate from a foreign source including Hawaii and Puerto Rico)?  Yes  No

NM, NY, OK, OR, SC, TN, TX, or VA (check map)?  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 I) <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, 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 <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 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 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 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 type="checkbox"/> N/A	16.
Trip Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	17.
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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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