



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. : 70209882001
Client Sample ID.: HB9

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/06/2022 07:30 AM Point HB9
 Received : 04/06/2022 12:50 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	04/06/2022 7:30 AM	001 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/06/2022 7:00 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	04/07/2022 1:00 PM	001 SP5T1/1
Total Coliforms	Absent		1		Absent	04/07/2022 1:00 PM	001 SP5T1/1

Qualifiers:

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 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
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Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.

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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. : 70209882002
Client Sample ID.: HB2

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/06/2022 07:45 AM Point HB2
 Received : 04/06/2022 12:50 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	0.73	N3	1	mg/L	4	04/06/2022 7:45 AM	002 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/06/2022 7:00 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	04/07/2022 1:00 PM	002 SP5T1/1
Total Coliforms	Absent		1		Absent	04/07/2022 1:00 PM	002 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. : 70209882003
Client Sample ID.: HB3

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/06/2022 08:05 AM Point HB3
 Received : 04/06/2022 12:50 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	0.60	N3	1	mg/L	4	04/06/2022 8:05 AM	003 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/06/2022 7:00 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	04/07/2022 1:00 PM	003 SP5T1/1
Total Coliforms	Absent		1		Absent	04/07/2022 1:00 PM	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. : 70209882004
Client Sample ID.: HB4

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/06/2022 08:45 AM Point HB4
 Received : 04/06/2022 12:50 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	0.71	N3	1	mg/L	4	04/06/2022 8:45 AM	004 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/06/2022 7:00 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	04/07/2022 1:00 PM	004 SP5T1/1
Total Coliforms	Absent		1		Absent	04/07/2022 1:00 PM	004 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. : 70209882005
Client Sample ID.: HB5

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/06/2022 09:00 AM Point HB5
 Received : 04/06/2022 12:50 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	0.73	N3	1	mg/L	4	04/06/2022 9:00 AM	005 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/06/2022 7:00 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	04/07/2022 1:00 PM	005 SP5T1/1
Total Coliforms	Absent		1		Absent	04/07/2022 1:00 PM	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. : 70209882006
Client Sample ID.: HB6

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/06/2022 09:30 AM Point HB6
 Received : 04/06/2022 12:50 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	0.68	N3	1	mg/L	4	04/06/2022 9:30 AM	006 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/06/2022 7:00 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	04/07/2022 1:00 PM	006 SP5T1/1
Total Coliforms	Absent		1		Absent	04/07/2022 1:00 PM	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. : 70209882007
Client Sample ID.: HB7

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/06/2022 09:45 AM Point HB7
 Received : 04/06/2022 12:50 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	0.71	N3	1	mg/L	4	04/06/2022 9:45 AM	007 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/06/2022 7:00 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	04/07/2022 1:00 PM	007 SP5T1/1
Total Coliforms	Absent		1		Absent	04/07/2022 1:00 PM	007 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. : 70209882008
Client Sample ID.: HB8

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/06/2022 09:15 AM Point HB8
 Received : 04/06/2022 12:50 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	0.84	N3	1	mg/L	4	04/06/2022 9:15 AM	008 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/06/2022 7:00 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	04/07/2022 1:00 PM	008 SP5T1/1
Total Coliforms	Absent		1		Absent	04/07/2022 1:00 PM	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. : 70209882009
Client Sample ID.: HB27

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/06/2022 08:25 AM Point HB27
 Received : 04/06/2022 12:50 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	0.62	N3	1	mg/L	4	04/06/2022 8:25 AM	009 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/06/2022 7:00 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	04/07/2022 1:00 PM	009 SP5T1/1
Total Coliforms	Absent		1		Absent	04/07/2022 1:00 PM	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. : 70209882010
Client Sample ID.: HB10

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/06/2022 10:00 AM Point HB10
 Received : 04/06/2022 12:50 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	0.88	N3	1	mg/L	4	04/06/2022 10:00	010 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/06/2022 7:00 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	04/07/2022 1:00 PM	010 SP5T1/1
Total Coliforms	Absent		1		Absent	04/07/2022 1:00 PM	010 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. : 70209882011
Client Sample ID.: HB35

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/06/2022 11:20 AM Point HB35
 Received : 04/06/2022 12:50 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	0.86	N3	1	mg/L	4	04/06/2022 11:20	011 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 04/06/2022 7:00 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	04/07/2022 1:00 PM	011 SP5T1/1
Total Coliforms	Absent		1		Absent	04/07/2022 1:00 PM	011 SP5T1/1

Qualifiers:

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WorkOrder :
70209882

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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WorkOrder :

70209882

Additional Qualifiers

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

WO#: 70209882



11747
36

Sample Request Form PUBLIC WATER SUPPLIER

Date: 4/6/22

Collected By: K. TOTHALL

Accepted By: [Signature]

Cooler Temp: 2.6 °C 1250

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: PO. BOX 1013

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 Cl₂: _____

pH/Temp: _____

Analysis: _____

Lab No.:

*Return to Lab
4/6/22 1645*

WELL OFF LINE

WELL RUN TO SYSTEM

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	

Date/Time Collected	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	pH/Temp	Analysis	Lab No.
4/6/22/7:30AM	PW	#9	D	-	RO	.84	7.23	BACT w/CC	
4/6/22/7:45AM	PW	#2	D	-	RO	.73	7.45	BACT w/CC	
4/6/22/8:05AM	PW	#3	D	-	RO	.60	7.38	BACT w/CC	
4/6/22/8:45AM	PW	#4	D	-	RO	.71	7.57	BACT w/CC	
4/6/22/9:00AM	PW	#5	D	-	RO	.73	7.71	BACT w/CC	
4/6/22/9:30AM	PW	#6	D	-	RO	.68	7.83	BACT w/CC	
4/6/22/9:45AM	PW	#7	D	-	RO	.71	7.54	BACT w/CC	
4/6/22/9:55AM	PW	#8	D	-	RO	.84	7.81	BACT w/CC	
4/6/22/9:55AM	PW	#27	D	-	RO	.62	7.51	BACT w/CC	
4/6/22/10:00AM	PW	#10	D	-	RO	.98	7.50	BACT w/CC	
4/6/22/10:00AM	PW	#35	D	-	RO	.86	7.42	BACT w/CC	

Remarks:

Client Name: HBW

Proj

WO#: 70209882

PM: KMM

Due Date: 04/15/22

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

Samples on ice, cooling process has begun

Cooler Temperature(°C): 2.6

Cooler Temperature Corrected(°C): 2.7

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: 4/6/22 1645

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 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		10.
Containers Intact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		11.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	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.
pH paper Lot #				
All containers needing preservation are found to be in compliance with method recommendation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Sample #
(HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, NaOH>12 Cyanide)				
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).				
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.
KI starch test strips Lot #				
Residual chlorine strips Lot #				Positive for Res. Chlorine? Y N
SM 4500 CN samples checked for sulfide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	15.
Lead Acetate Strips Lot #				Positive for Sulfide? Y N
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):				

Field Data Required?

Y / N

Client Notification/ Resolution:

Person Contacted:

Comments/ Resolution:

Date/Time: