



575 Broad Hollow Road, Melville, NY 11747
 TEL: (516) 370-6000 FAX: (516) 886-5526
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: Influent
 Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/22/2023 08:00 AM Point

Received : 03/22/2023 03:40 PM Location

Collected By CLIENT

Lab No. : 70250198001

Client Sample ID.: B.I. GAC

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/22/2023 5:00 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	03/23/2023 11:00	001 SP5T1/1
Total Coliforms	Present*		1		Absent	03/23/2023 11:00	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: 03/28/2023

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.



575 Broad Hollow Road, Melville, NY 11747
 TEL: (516) 370-6000 FAX: (516) 886-5526
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: Effluent
 Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/22/2023 08:15 AM Point

Received : 03/22/2023 03:40 PM Location

Collected By CLIENT

Lab No. : 70250198002

Client Sample ID.: B.E. GAC

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/22/2023 5:00 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	03/23/2023 11:00	002 SP5T1/1
Total Coliforms	Present*		1		Absent	03/23/2023 11:00	002 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: 03/28/2023

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.



575 Broad Hollow Road, Melville, NY 11747
 TEL: (516) 370-6000 FAX: (516) 886-5526
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: Effluent
 Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/22/2023 08:30 AM Point

Received : 03/22/2023 03:40 PM Location

Collected By CLIENT

Lab No. : 70250198003

Client Sample ID.: B.E. GAC

Analytical Method:EPA 353.2

<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>
Nitrate as N	3.7		5	mg/L	10	03/23/2023 1:59 AM	003 BP4U1/1
Nitrate-Nitrite (as N)	3.7		5	mg/L		03/23/2023 1:59 AM	003 BP4U1/1

Analytical Method:EPA 353.2

<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>
Nitrite as N	<0.050		1	mg/L	1	03/22/2023 11:44	003 BP4U1/1

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: 03/28/2023

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.



575 Broad Hollow Road, Melville, NY 11747
 TEL: (516) 370-6000 FAX: (516) 886-5526
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: Effluent
 Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/22/2023 08:45 AM Point

Received : 03/22/2023 03:40 PM Location

Collected By CLIENT

Lab No. : 70250198004

Client Sample ID.: B.E. GAC

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Ca Hardness as CaCO3 (SM 2340B)	2.7		1	mg/L		03/27/2023 6:14 PM	004 BP4N1/1
Iron	0.070		1	mg/L	0.3	03/27/2023 6:14 PM	004 BP4N1/1
Manganese	<0.010		1	mg/L	0.3	03/27/2023 6:14 PM	004 BP4N1/1
Sodium	107		1	mg/L		03/27/2023 6:14 PM	004 BP4N1/1

Analytical Method:EPA 200.8

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Antimony	<0.40		1	ug/L	6	03/24/2023 6:52 PM	004 BP4N1/1
Arsenic	3.3		1	ug/L	10	03/24/2023 6:52 PM	004 BP4N1/1
Barium	0.0047		1	mg/L	2	03/24/2023 6:52 PM	004 BP4N1/1
Beryllium	<0.30		1	ug/L	4	03/24/2023 6:52 PM	004 BP4N1/1
Cadmium	<1.0		1	ug/L	5	03/24/2023 6:52 PM	004 BP4N1/1
Chromium	<0.0070		1	mg/L	0.1	03/24/2023 6:52 PM	004 BP4N1/1
Lead	<1.0		1	ug/L	15	03/24/2023 6:52 PM	004 BP4N1/1
Mercury	<0.20		1	ug/L	2	03/24/2023 6:52 PM	004 BP4N1/1
Nickel	<0.00050		1	mg/L		03/24/2023 6:52 PM	004 BP4N1/1
Selenium	<2.0		1	ug/L	50	03/24/2023 6:52 PM	004 BP4N1/1
Silver	<0.0010		1	mg/L	0.1	03/24/2023 6:52 PM	004 BP4N1/1
Thallium	<0.30		1	ug/L	2	03/24/2023 6:52 PM	004 BP4N1/1

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: 03/28/2023

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.



575 Broad Hollow Road, Melville, NY 11747
 TEL: (516) 370-6000 FAX: (516) 886-5526
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: Raw Well
 Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/22/2023 09:00 AM Point S-31636

Received : 03/22/2023 03:40 PM Location Well #1-3

Collected By CLIENT

Lab No. : 70250198005

Client Sample ID.: S-31636

Analytical Method: EPA 524.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
1,1,1,2-Tetrachloroethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,1,1-Trichloroethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,1,2,2-Tetrachloroethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,1,2-Trichloroethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,1,2-Trichlorotrifluoroethane	<0.50	N3	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,1-Dichloroethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,1-Dichloropropene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,2,3-Trichlorobenzene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,2,3-Trichloropropane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,2,4-Trichlorobenzene	<0.50	IC	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,2,4-Trimethylbenzene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,2-Dichlorobenzene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,2-Dichloroethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,2-Dichloropropane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,3,5-Trimethylbenzene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,3-Dichlorobenzene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,3-Dichloropropane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
1,4-Dichlorobenzene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
2,2-Dichloropropane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
2-Chlorotoluene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
4-Chlorotoluene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Benzene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Bromobenzene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Bromochloromethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Bromodichloromethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Bromoform	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Bromomethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Carbon tetrachloride	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Chlorobenzene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Chlorodifluoromethane	<0.50	N3,v3	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Chloroethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Chloroform	0.56		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Chloromethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Dibromochloromethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Dibromomethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Dichlorodifluoromethane	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Ethylbenzene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Hexachloro-1,3-butadiene	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Isopropylbenzene (Cumene)	<0.50		1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2

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

See qualifiers page for additional qualifier definitions.

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

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

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.



575 Broad Hollow Road, Melville, NY 11747
 TEL: (516) 370-6000 FAX: (516) 886-5526
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: Raw Well
 Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/22/2023 09:00 AM Point S-31636

Received : 03/22/2023 03:40 PM Location Well #1-3

Collected By CLIENT

Lab No. : 70250198005

Client Sample ID.: S-31636

Methyl-tert-butyl ether	<0.50	1	ug/L	10	03/26/2023 5:44 PM	005 VG9C1/2
Methylene Chloride	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Styrene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Tetrachloroethene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Toluene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Total Trihalomethanes (Calc.)	0.56	1	ug/L	80	03/26/2023 5:44 PM	005 VG9C1/2
Trichloroethene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Trichlorofluoromethane	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Vinyl chloride	<0.50	1	ug/L	2	03/26/2023 5:44 PM	005 VG9C1/2
cis-1,2-Dichloroethene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
cis-1,3-Dichloropropene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
m&p-Xylene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
n-Butylbenzene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
n-Propylbenzene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
o-Xylene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
p-Isopropyltoluene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
sec-Butylbenzene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
tert-Butylbenzene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
trans-1,2-Dichloroethene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
trans-1,3-Dichloropropene	<0.50	1	ug/L	5	03/26/2023 5:44 PM	005 VG9C1/2
Surr: 1,2-Dichlorobenzene-d4 (S)	95%	1	%REC		03/26/2023 5:44 PM	005 VG9C1/2
Surr: 4-Bromofluorobenzene (S)	88%	1	%REC		03/26/2023 5:44 PM	005 VG9C1/2

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

See qualifiers page for additional qualifier definitions.

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

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

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.



575 Broad Hollow Road, Melville, NY 11747
TEL: (516) 370-6000 FAX: (516) 886-5526
www.pacelabs.com

WorkOrder :
70250198

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



575 Broad Hollow Road, Melville, NY 11747
TEL: (516) 370-6000 FAX: (516) 886-5526
www.pacelabs.com

WorkOrder :

70250198

Additional Qualifiers

- IC - The initial calibration for this compound was outside of method control limits. The result is estimated.
- N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.
- v3 - The continuing calibration verification was below the method acceptance limit. Any detection for the analyte in the associated samples may have a low bias.



Sample Condition Upon Receipt

WO#: 70250198

Client Name: H/BW

Project: PM: KMM Due Date: 03/29/23

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 Y149 Correction Factor: _____

Cooler Temperature(°C): 3.2 Cooler Temperature Corrected(°C): 3.3

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: M 3/22/23 1540

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 # <u>He293035</u>		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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: KI starch test strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
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 checked="" type="checkbox"/> No <input 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: _____
