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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 requested.

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946
Attn To : Rob King
 Federal ID : 5103704

Lab Project No. : 7044717

Received :03/07/2018 4:00
 Sample Type :Drinking Water

Date Reported:03/12/2018

Lab Number	Location	Collected	Units	E.coli	Total Coliforms	Field Residual Chlorine
			Method	N/A	N/A	mg/L
			Limits	SM22 9223B Colilert	SM22 9223B Colilert	
				Absent	Absent	4
7044717001	HB27	3/7/2018 9:25:00 AM		Absent	Absent	0.66
Routine	Suffolk Cty. Hwy. Dept.	Collected by: CLIENT	Analysis Time	3/8/2018 12:15:00 PM	3/8/2018 12:15:00 PM	3/7/2018 9:25:00 AM
Distribution	North Hwy.					
7044717002	HB2	3/7/2018 7:45:00 AM		Absent	Absent	0.56
Routine	R. Loetscher	Collected by: CLIENT	Analysis Time	3/8/2018 12:15:00 PM	3/8/2018 12:15:00 PM	3/7/2018 7:45:00 AM
Distribution	Wakeman Rd.					
7044717003	HB3	3/7/2018 8:05:00 AM		Absent	Absent	0.40
Routine	U.S.C.G.	Collected by: CLIENT	Analysis Time	3/8/2018 12:15:00 PM	3/8/2018 12:15:00 PM	3/7/2018 8:05:00 AM
Distribution	Foster Ave.					
7044717004	HB4	3/7/2018 8:40:00 AM		Absent	Absent	0.53
Routine	H.B. Elem School	Collected by: CLIENT	Analysis Time	3/8/2018 12:15:00 PM	3/8/2018 12:15:00 PM	3/7/2018 8:40:00 AM
Distribution	Ponquogue Ave.					
7044717005	HB5	3/7/2018 8:55:00 AM		Absent	Absent	0.61
Routine	H.B. High School	Collected by: CLIENT	Analysis Time	3/8/2018 12:15:00 PM	3/8/2018 12:15:00 PM	3/7/2018 8:55:00 AM
Distribution	Argonne Rd.					
7044717006	HB6	3/7/2018 9:10:00 AM		Absent	Absent	0.50
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	3/8/2018 12:15:00 PM	3/8/2018 12:15:00 PM	3/7/2018 9:10:00 AM
Distribution	Montauk Hwy. East					

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

Treatments	
A = Air Stripper Tower	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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Stu Murrell
 Stu Murrell



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 Sample Type :Drinking Water

Date Reported:03/12/2018

Lab Number	Location	Collected	Units	E.coli	Total Coliforms	Field Residual Chlorine
7044717007	HB7 Routine Distribution SO. Town Parks & Rec	3/7/2018 9:40:00 AM Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 3/8/2018 12:15:00 PM	Absent 3/8/2018 12:15:00 PM	0.59 3/7/2018 9:40:00 AM
7044717008	HB8 Routine Distribution B. McCormack Bittersweet Ave.	3/7/2018 9:55:00 AM Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 3/8/2018 12:15:00 PM	Absent 3/8/2018 12:15:00 PM	0.88 3/7/2018 9:55:00 AM
7044717009	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	3/7/2018 8:25:00 AM Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 3/8/2018 12:15:00 PM	Absent 3/8/2018 12:15:00 PM	0.75 3/7/2018 8:25:00 AM
7044717010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	3/7/2018 10:30:00 Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 3/8/2018 12:15:00 PM	Absent 3/8/2018 12:15:00 PM	0.66 3/7/2018 10:30:00 AM
7044717011	HB11 Routine Distribution Riverhead Building Supply Montauk Hwy. West	3/7/2018 10:45:00 Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 3/8/2018 12:15:00 PM	Absent 3/8/2018 12:15:00 PM	0.58 3/7/2018 10:45:00 AM

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

Treatments	
A = Air Stripper Tower	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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Stu Murrell
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575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

WorkOrder :

7044717

Laboratory Certifications

Long Island Certification IDs

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#: 7044717



711747

(631) 694-3040 Fax: (631) 420-8436

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

3/7/18
1315

Date: 3-7-18

Collected By: K. TOTHILL

WELL RUN TO SYSTEM

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: _____

YES NO VOC'S PRESERVED WITH HCl

Back 1600

Cooler Temp: 3.1 °C

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	Field Readings Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
4:15AM 3-7-18	PW	#27	D	-	RO	.66	7.08	BACT w/ccl	001
7:45AM 3-7-18	PW	#2	D	-	RO	.56	7.20	BACT w/ccl	002
8:05AM 3-7-18	PW	#3	D	-	RO	.40	7.07	BACT w/ccl	003
8:40AM 3-7-18	PW	#4	D	-	RO	.53	7.11	BACT w/ccl	004
8:55AM 3-7-18	PW	#5	D	-	RO	.61	7.04	BACT w/ccl	005
9:40AM 3-7-18	PW	#6	D	-	RO	.50	7.09	BACT w/ccl	006
9:40AM 3-7-18	PW	#7	D	-	RO	.59	7.02	BACT w/ccl	007
9:55AM 3-7-18	PW	#8	D	-	RO	.88	7.08	BACT w/ccl	008
8:15 PM 3-7-18	PW	#9	D	-	RO	.75	7.53	BACT w/ccl	009
10:30 AM 3-7-18	PW	#10	D	-	RO	.66	7.18	BACT w/ccl	010
10:45 AM 3-7-18	PW	#11	D	-	RO	.58	7.27	BACT w/ccl	011

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Project #

WO#: 7044717

PM: SWM Due Date: 04/06/18
CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No

Temperature Blank Present: Yes No

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Type of Ice: Wet Blue None

Thermometer Used: TH091 Correction Factor: 0.0

Samples on ice, cooling process has begun

Cooler Temperature (°C): 3.1 Cooler Temperature Corrected (°C): 3.1

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: ED 3/7/18

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 (internationally, 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 MS/MSD)	<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/Analysis Matrix SL WT OIL			
All containers needing preservation have been checked	<input checked="" 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 EPA recommendation? (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	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	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.
KI starch test strips Lot #			Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #			
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
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: _____