



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 requested.

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

Lab Project No. : 7058725

Received :07/18/2018 4:00
 Sample Type :Drinking Water

Date Reported:07/20/2018

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	
7058725001	HB12	7/18/2018 7:30:00		Absent	Absent	4
Routine	M. Layburn		Analysis Time	Absent	Absent	0.45
Distribution	Squires Pond Rd.	Collected by: CLIENT		7/19/2018 12:30:00	7/19/2018 12:30:00	7/18/2018 7:30:00 AM
7058725002	HB13	7/18/2018 7:45:00		Absent	Absent	0.71
Routine	H.B. Bagel		Analysis Time	Absent	Absent	0.71
Distribution	W. Montauk Hwy.	Collected by: CLIENT		7/19/2018 12:30:00	7/19/2018 12:30:00	7/18/2018 7:45:00 AM
7058725003	HB28	7/18/2018 8:00:00		Absent	Absent	0.70
Routine	Huebner		Analysis Time	Absent	Absent	0.70
Distribution	Oakwood Rd.	Collected by: CLIENT		7/19/2018 12:30:00	7/19/2018 12:30:00	7/18/2018 9:00:00 AM
7058725004	HB29	7/18/2018 8:20:00		Absent	Absent	0.64
Routine	McFarland		Analysis Time	Absent	Absent	0.64
Distribution	Ridgewood La.	Collected by: CLIENT		7/19/2018 12:30:00	7/19/2018 12:30:00	7/18/2018 8:20:00 AM
7058725005	HB16	7/18/2018 8:40:00		Absent	Absent	0.89
Routine	Spellman's Marine		Analysis Time	Absent	Absent	0.89
Distribution	Rampasture Rd.	Collected by: CLIENT		7/19/2018 12:30:00	7/19/2018 12:30:00	7/18/2018 8:40:00 AM
7058725006	HB31	7/18/2018 9:02:00		Absent	Absent	0.59
Routine	C. Morgan		Analysis Time	Absent	Absent	0.59
Distribution		Collected by: CLIENT		7/19/2018 12:30:00	7/19/2018 12:30:00	7/18/2018 9:02:00 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.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Stu Murrell
 Stu Murrell



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 requested.

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

Lab Project No. : 7058725

Received :07/18/2018 4:00
 Sample Type :Drinking Water

Date Reported:07/20/2018

Lab Number	Location	Collected	Units	E.coli	Total Coliforms	Field Residual Chlorine
7058725007	HB25 Routine Distribution K. Springer Maple Ave.	7/18/2018 9:55:00 Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 7/19/2018 12:30:00	Absent 7/19/2018 12:30:00	0.66 7/18/2018 9:55:00 AM
7058725008	HB32 Routine Distribution	7/18/2018 10:15:00 Collected by: CLIENT	Analysis Time	Absent 7/19/2018 12:30:00	Absent 7/19/2018 12:30:00	1.05 7/18/2018 10:15:00
7058725009	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	7/18/2018 9:35:00 Collected by: CLIENT	Analysis Time	Absent 7/19/2018 12:30:00	Absent 7/19/2018 12:30:00	0.96 7/18/2018 9:35:00 AM
7058725010	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	7/18/2018 9:17:00 Collected by: CLIENT	Analysis Time	Absent 7/19/2018 12:30:00	Absent 7/19/2018 12:30:00	0.79 7/18/2018 9:17:00 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.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Stu Murrell
 Stu Murrell



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

WorkOrder :

7058725

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#: 7058725



7058725

747

Sample Request Form PUBLIC WATER SUPPLIER

Date: 7-18-18 WELL OFF LINE
Collected By: K. Tuttle 1300 WELL RUN TO SYSTEM
Accepted By: [Signature]

Cooler Temp: 3.8 °C YES NO VOC'S PRESERVED WITH HCl

Back 1500

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	

Client Info:

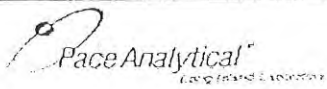
Name or Code: HAMPTON BAYS WATER DISTRICT
Address: PO BOX 1013
HAMPTON BAYS, NEW YORK 11946
(631) 728-0179

Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	pH/Temp	Analysis	Lab No.
7:30 AM 7-18-18	PW	#12	D	-	RO	.45	7.22	BACT w/lec	001
7:45 AM 7-18-18	PW	#13	D	-	RO	.71	7.15	BACT w/lec	002
8:00 AM 7-18-18	PW	#28	D	-	RO	.70	7.16	BACT w/lec	003
8:20 AM 7-18-18	PW	#29	D	-	RO	.64	7.23	BACT w/lec	004
8:40 AM 7-18-18	PW	#16	D	-	RO	.89	7.10	BACT w/lec	005
9:02 AM 7-18-18	PW	#31	D	-	RO	.59	7.14	BACT w/lec	006
9:55 AM 7-18-18	PW	#25	D	-	RO	.66	7.33	BACT w/lec	007
10:15 AM 7-18-18	PW	#30	D	-	RO	1.05	7.31	BACT w/lec	008
9:35 AM 7-18-18	PW	#21	D	-	RO	.96	7.35	BACT w/lec	009
9:17 AM 7-18-18	PW	#5A	D	-	RO	.79	7.13	BACT w/lec	010

Remarks:



Sample Condition Upon Receipt

WO#: 7058725
PM: SWM Due Date: 08/17/18
CLIENT: HBW

Client Name:

Hampton Bayws WD

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #:

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

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Thermometer Used: TH091

Correction Factor: 0.0

Cooler Temperature (°C): 3.0

Cooler Temperature Corrected (°C): 3.0

Temperature Blank Present: Yes No

Type of Ice: Wet Blue None

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: Ed 8/16/18

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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 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) <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
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 checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #	
Residual chlorine strips Lot #	
Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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:

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