



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 requested.

### Sample Information:

Type: Drinking Water  
 Origin: Distribution  
 Routine

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

**Lab No. : 7060113001**  
**Client Sample ID.: HB3**

Federal ID : 5103704  
 Collected : 08/01/2018 08:05 AM Point No: HB3  
 Received : 08/01/2018 04:45 PM Location: U.S.C.G.  
 Collected By : CLIENT Foster Ave.

Analytical Method: EPA 524.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Bromodichloromethane	0.66		1	ug/L		08/03/2018 10:17	001 VG9C1/2
Bromoform	<0.50		1	ug/L		08/03/2018 10:17	001 VG9C1/2
Chloroform	1.5		1	ug/L		08/03/2018 10:17	001 VG9C1/2
Dibromochloromethane	0.57		1	ug/L		08/03/2018 10:17	001 VG9C1/2
Total Trihalomethanes (Calc.)	2.7		1	ug/L	80	08/03/2018 10:17	001 VG9C1/2
Surr: 1,2-Dichlorobenzene-d4 (S)	91%		1	%REC		08/03/2018 10:17	001 VG9C1/2
Surr: 4-Bromofluorobenzene (S)	91%		1	%REC		08/03/2018 10:17	001 VG9C1/2

Analytical Method: EPA 552.2

Prep Method: EPA 552.2

Prep Date: 08/07/2018 10:22

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Dibromoacetic Acid	<1.0		1	ug/L		08/17/2018 10:39	001 AG341/1
Dichloroacetic Acid	<1.0		1	ug/L		08/17/2018 10:39	001 AG341/1
Haloacetic Acids (Total)	<2.0		1	ug/L	60	08/17/2018 10:39	001 AG341/1
Monobromoacetic Acid	<1.0		1	ug/L		08/17/2018 10:39	001 AG341/1
Monochloroacetic Acid	<2.0		1	ug/L		08/17/2018 10:39	001 AG341/1
Trichloroacetic Acid	<1.0		1	ug/L		08/17/2018 10:39	001 AG341/1
Surr: 2,3-Dibromopropanoic Acid (S)	100%		1	%REC		08/17/2018 10:39	001 AG341/1

Analytical Method: Field Method

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Field Chlorine, Free	0.63	N3	1	mg/L		08/01/2018 8:05 AM	001 AG341/1

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  
 See qualifiers page for additional qualifier definitions.

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.

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



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 requested.

### Sample Information:

Type: Drinking Water  
 Origin: Distribution  
 Routine

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

**Lab No. : 7060113002**  
**Client Sample ID.: HB8**

Federal ID : 5103704  
 Collected : 08/01/2018 09:45 AM Point No: HB8  
 Received : 08/01/2018 04:45 PM Location: B. McCormack  
 Collected By : CLIENT Bittersweet Ave.

Analytical Method: EPA 524.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Bromodichloromethane	<0.50		1	ug/L		08/03/2018 10:45	002 VG9C1/2
Bromoform	<0.50		1	ug/L		08/03/2018 10:45	002 VG9C1/2
Chloroform	1.2		1	ug/L		08/03/2018 10:45	002 VG9C1/2
Dibromochloromethane	<0.50		1	ug/L		08/03/2018 10:45	002 VG9C1/2
Total Trihalomethanes (Calc.)	1.2		1	ug/L	80	08/03/2018 10:45	002 VG9C1/2
Surr: 1,2-Dichlorobenzene-d4 (S)	91%		1	%REC		08/03/2018 10:45	002 VG9C1/2
Surr: 4-Bromofluorobenzene (S)	92%		1	%REC		08/03/2018 10:45	002 VG9C1/2

Analytical Method: EPA 552.2

Prep Method: EPA 552.2

Prep Date: 08/07/2018 10:22

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Dibromoacetic Acid	<1.0		1	ug/L		08/17/2018 11:04	002 AG341/1
Dichloroacetic Acid	<1.0		1	ug/L		08/17/2018 11:04	002 AG341/1
Haloacetic Acids (Total)	<2.0		1	ug/L	60	08/17/2018 11:04	002 AG341/1
Monobromoacetic Acid	<1.0		1	ug/L		08/17/2018 11:04	002 AG341/1
Monochloroacetic Acid	<2.0		1	ug/L		08/17/2018 11:04	002 AG341/1
Trichloroacetic Acid	<1.0		1	ug/L		08/17/2018 11:04	002 AG341/1
Surr: 2,3-Dibromopropanoic Acid (S)	86%		1	%REC		08/17/2018 11:04	002 AG341/1

Analytical Method: Field Method

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Field Chlorine, Free	0.55	N3	1	mg/L		08/01/2018 9:45 AM	002 AG341/1

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  
 See qualifiers page for additional qualifier definitions.

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.

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



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 requested.

### Sample Information:

Type: Drinking Water  
 Origin: Distribution  
 Routine

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

**Lab No. : 7060113003**  
**Client Sample ID.: HB3**

Federal ID : 5103704  
 Collected : 08/01/2018 08:05 AM Point No: HB3  
 Received : 08/01/2018 04:45 PM Location: U.S.C.G.  
 Collected By : CLIENT Foster Ave.

Analytical Method: EPA 300.1

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Chlorate	87.8		1	ug/L		08/06/2018 12:00	003 AG3E1/1
Surr: Dichloroacetate (S)	99%		1	%REC		08/06/2018 12:00	003 AG3E1/1

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

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.

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

Date Reported: 08/21/2018



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 requested.

### Sample Information:

Type: Drinking Water  
 Origin: Distribution  
 Routine

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

**Lab No. : 7060113004**  
**Client Sample ID.: HB8**

Federal ID : 5103704  
 Collected : 08/01/2018 09:45 AM Point No: HB8  
 Received : 08/01/2018 04:45 PM Location: B. McCormack  
 Collected By : CLIENT Bittersweet Ave.

Analytical Method:EPA 300.1

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Chlorate	52.5		1	ug/L		08/06/2018 12:00	004 AG3E1/1
Surr: Dichloroacetate (S)	93%		1	%REC		08/06/2018 12:00	004 AG3E1/1

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

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.

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

Date Reported: 08/21/2018



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

**WorkOrder :**  
7060113

## 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



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

**WorkOrder :**  
7060113

## Qualifiers

---

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



**WO#: 7060113**  
 PM: SWM Due Date: 08/10/18  
 CLIENT: HBW

Client Name: HBW

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): 3.7      Cooler Temperature Corrected (°C): 3.7

Temp should be above freezing to 6.0°C  
 USDA Regulated Soil (  N/A, water sample)

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 \_\_\_\_\_

Date and Initials of person examining contents: Bohlio

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 type="checkbox"/> Yes <input checked="" 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	10.
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11. Note if sediment is visible in the dissolved container.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	12.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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
-Includes date/time/ID/Analysis Matrix <u>ST</u> <u>WT</u> <u>OIL</u>		Sample #
All containers needing preservation have been checked	<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: _____
pH paper Lot #		
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH > 9 Sulfide, NaOH > 12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
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 checked="" type="checkbox"/> No <input 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): _____		

Field Data Required? Y / N  
 Date/Time: \_\_\_\_\_

Client Notification/ Resolution: \_\_\_\_\_  
 Person Contacted: \_\_\_\_\_  
 Comments/ Resolution: \_\_\_\_\_