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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. : 7060114**

Received :08/01/2018 4:45  
 Sample Type :Drinking Water

Date Reported: 08/03/2018

Lab Number	Location	Collected	Units Method Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual Chlorine</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
<b>7060114001</b>	HB27 Routine Suffolk Cty. Hwy. Dept. Distribution North Hwy.	8/1/2018 8:20:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 8/2/2018 12:45:00 PM	<b>Absent</b> 8/2/2018 12:45:00 PM	<b>0.82</b> 8/1/2018 8:20:00 AM
<b>7060114002</b>	HB2 Routine R. Loetscher Distribution Wakeman Rd.	8/1/2018 7:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 8/2/2018 12:45:00 PM	<b>Absent</b> 8/2/2018 12:45:00 PM	<b>0.83</b> 8/1/2018 7:45:00 AM
<b>7060114003</b>	HB3 Routine U.S.C.G. Distribution Foster Ave.	8/1/2018 8:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 8/2/2018 12:45:00 PM	<b>Absent</b> 8/2/2018 12:45:00 PM	<b>0.63</b> 8/1/2018 8:00:00 AM
<b>7060114004</b>	HB4 Routine H.B. Elem School Distribution Ponquogue Ave.	8/1/2018 8:35:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 8/2/2018 12:45:00 PM	<b>Absent</b> 8/2/2018 12:45:00 PM	<b>0.66</b> 8/1/2018 8:35:00 AM
<b>7060114005</b>	HB5 Routine H.B. High School Distribution Argonne Rd.	8/1/2018 8:50:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 8/2/2018 12:45:00 PM	<b>Absent</b> 8/2/2018 12:45:00 PM	<b>0.57</b> 8/1/2018 8:50:00 AM
<b>7060114006</b>	HB6 Routine Strong Oil Distribution Montauk Hwy. East	8/1/2018 9:05:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 8/2/2018 12:45:00 PM	<b>Absent</b> 8/2/2018 12:45:00 PM	<b>0.93</b> 8/1/2018 9:05:00 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*  
 Stu Murrell



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Received :08/01/2018 4:45  
 Sample Type :Drinking Water

Date Reported: 08/03/2018

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	
<b>7060114007</b>	HB7	8/1/2018 9:20:00 AM		Absent	Absent	4
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	<b>8/2/2018 12:45:00 PM</b>	<b>8/2/2018 12:45:00 PM</b>	<b>8/1/2018 10:20:00 AM</b>
<b>7060114008</b>	HB8	8/1/2018 9:40:00 AM		Absent	Absent	0.55
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT	Analysis Time	<b>8/2/2018 12:45:00 PM</b>	<b>8/2/2018 12:45:00 PM</b>	<b>8/1/2018 9:40:00 AM</b>
<b>7060114009</b>	HB9	8/1/2018 7:30:00 AM		Absent	Absent	0.73
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT	Analysis Time	<b>8/2/2018 12:45:00 PM</b>	<b>8/2/2018 12:45:00 PM</b>	<b>8/1/2018 7:30:00 AM</b>
<b>7060114010</b>	HB10	8/1/2018 10:00:00		Absent	Absent	0.82
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT	Analysis Time	<b>8/2/2018 12:45:00 PM</b>	<b>8/2/2018 12:45:00 PM</b>	<b>8/1/2018 10:00:00 AM</b>
<b>7060114011</b>	HB11	8/1/2018 10:20:00		Absent	Absent	0.61
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT	Analysis Time	<b>8/2/2018 12:45:00 PM</b>	<b>8/2/2018 12:45:00 PM</b>	<b>8/1/2018 10:20:00 AM</b>

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



575 Broad Hollow Road, Melville, NY 11747

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

[www.pacelabs.com](http://www.pacelabs.com)

**WorkOrder :**

7060114

## Laboratory Certifications

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**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#: 7060114



11747  
16

# Sample Request Form PUBLIC WATER SUPPLIER

*OK*

8/1/18  WELL OFF LINE

Date: 8-1-18

Collected By: *K. Tytlik*

Accepted By: *[Signature]*

Cooler Temp: 3.7 °C

1310  WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

*Back 1045*

### Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: P.O. 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 <sub>2</sub> pH/Temp	Analysis	Lab No.
8:30 AM 8-1-18	PW	#27	D	-	RO	.87 7.20	BACT w/c	001
7:45 AM 8-1-18	PW	#2	D	-	RO	.83 7.36	BACT w/c	002
8:00 AM 8-1-18	PW	#3	D	-	RO	.63 7.34	BACT w/c	003
8:35 AM 8-1-18	PW	#4	D	-	RO	.66 7.37	BACT w/c	004
8:50 AM 8-1-18	PW	#5	D	-	RO	.57 7.42	BACT w/c	005
9:05 AM 8-1-18	PW	#6	D	-	RO	.93 7.30	BACT w/c	006
9:20 AM 8-1-18	PW	#7	D	-	RO	.55 7.29	BACT w/c	007
9:40 AM 8-1-18	PW	#8	D	-	RO	.55 7.57	BACT w/c	008
8:30 PM 8-1-18	PW	#9	D	-	RO	.73 7.01	BACT w/c	009
10:00 AM 8-1-18	PW	#10	D	-	RO	.82 7.25	BACT w/c	010
9:10 PM 8-1-18	PW	#11	D	-	RO	.61 7.36	BACT w/c	011

Remarks:

Client Name: HBW

**WO#: 7060114**  
 PM: SWM Due Date: 08/31/18  
 CLIENT: HBW

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other

Tracking #: \_\_\_\_\_  
 Custody Seal on Cooler/Box Present:  Yes  No      Seals intact:  Yes  No

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: 8/31/18

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 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 SU 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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <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 <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	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.
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 checked="" 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  
 Date/Time: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Comments/ Resolution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_