



575 Broad Hollow Road, Melville, NY 11747
 TEL: (631) 694-3040 FAX: (631) 420-8436
 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. : 7064563

Received :09/12/2018 5:10
 Sample Type :Drinking Water

Date Reported:09/14/2018

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	
7064563001	HB12	9/12/2018 7:30:00		Absent	Absent	4
Routine	M. Layburn		Analysis Time	Absent	Absent	0.79
Distribution	Squires Pond Rd.	Collected by: CLIENT		9/13/2018 12:00:00	9/13/2018 12:00:00	9/12/2018 7:30:00 AM
7064563002	HB13	9/12/2018 7:45:00		Absent	Absent	0.86
Routine	H.B. Bagel		Analysis Time	Absent	Absent	0.86
Distribution	W. Montauk Hwy.	Collected by: CLIENT		9/13/2018 12:00:00	9/13/2018 12:00:00	9/12/2018 7:45:00 AM
7064563003	HB28	9/12/2018 8:00:00		Absent	Absent	0.83
Routine	Huebner		Analysis Time	Absent	Absent	0.83
Distribution	Oakwood Rd.	Collected by: CLIENT		9/13/2018 12:00:00	9/13/2018 12:00:00	9/12/2018 8:00:00 AM
7064563004	HB29	9/12/2018 8:20:00		Absent	Absent	0.78
Routine	McFarland		Analysis Time	Absent	Absent	0.78
Distribution	Ridgewood La.	Collected by: CLIENT		9/13/2018 12:00:00	9/13/2018 12:00:00	9/12/2018 8:20:00 AM
7064563005	HB16	9/12/2018 8:35:00		Absent	Absent	0.69
Routine	Spellman's Marine		Analysis Time	Absent	Absent	0.69
Distribution	Rampasture Rd.	Collected by: CLIENT		9/13/2018 12:00:00	9/13/2018 12:00:00	9/12/2018 8:35:00 AM
7064563006	HB31	9/12/2018 8:50:00		Absent	Absent	0.58
Routine	C. Morgan		Analysis Time	Absent	Absent	0.58
Distribution		Collected by: CLIENT		9/13/2018 12:00:00	9/13/2018 12:00:00	9/12/2018 8:50:00 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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Date Reported:09/14/2018

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	
7064563007	HB25	9/12/2018 9:09:00		Absent	Absent	4
Routine	K. Springer		Analysis Time	Absent	Absent	0.41
Distribution	Maple Ave.	Collected by: CLIENT		9/13/2018 12:00:00	9/13/2018 12:00:00	9/12/2018 9:09:00 AM
7064563008	HB19	9/12/2018 9:45:00		Absent	Absent	0.48
Routine	J. Warner		Analysis Time	Absent	Absent	0.48
Distribution	Canoe PI Rd.	Collected by: CLIENT		9/13/2018 12:00:00	9/13/2018 12:00:00	9/12/2018 9:45:00 AM
7064563009	HB21	9/12/2018 9:30:00		Absent	Absent	0.59
Routine	H.B. Fire Dept.		Analysis Time	Absent	Absent	0.59
Distribution	Montauk Hwy.	Collected by: CLIENT		9/13/2018 12:00:00	9/13/2018 12:00:00	9/12/2018 9:30:00 AM
7064563010	HB5A	9/12/2018 10:00:00		Absent	Absent	0.41
Routine	Sunday's By The Bay		Analysis Time	Absent	Absent	0.41
Distribution	Dune Rd.	Collected by: CLIENT		9/13/2018 12:00:00	9/13/2018 12:00:00	9/12/2018 10:00:00

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	
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WorkOrder :

7064563

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#: 7064563



7064563

747

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.
7:50AM 9-12-18	PW	#12	D	-	RO	7.79 7.16	BACT w/ccl	001
7:45AM 9-12-18	PW	#13	D	-	RO	7.86 7.21	BACT w/ccl	002
8:00AM 9-12-18	PW	#28	D	-	RO	7.83 7.26	BACT w/ccl	003
8:20AM 9-12-18	PW	#29	D	-	RO	7.78 7.20	BACT w/ccl	004
8:35AM 9-12-18	PW	#16	D	-	RO	7.69 7.38	BACT w/ccl	005
8:50AM 9-12-18	PW	#31	D	-	RO	7.58 7.21	BACT w/ccl	006
9:09AM 9-12-18	PW	#25	D	-	RO	7.41 7.24	BACT w/ccl	007
9:45AM 9-12-18	PW	#19	D	-	RO	7.48 7.23	BACT w/ccl	008
9:30AM 9-12-18	PW	#21	D	-	RO	7.59 7.31	BACT w/ccl	009
10:00AM 9-12-18	PW	#5A	D	-	RO	7.41 7.19	BACT w/ccl	010
9-12-18								

Remarks:

**Sample Request Form
PUBLIC WATER SUPPLIER**

Del: Chy D'Am 9-12-18 12:10

Date: 9-12-18

Collected By: K. FUTHILL

Accepted By: Chy D'Am 14:45

Cooler Temp: 44 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Sample Types

PW - Potable Water
GW - Groundwater
SW - Surface Water
WW - Waste Water
AQ - Aqueous
S - Soil

Purpose

RO - Routine
RE - Resample
S - Special

Origin

D - Distribution
RW - Raw Well
TW - Treated Well
T - Tank
MW - Monitoring Well
I - Influent
E - Effluent

Treatment Types

AST - Air Stripper
GAC - Granular Activated Charcoal
N - Nitrate Removal Plant
FE - Iron Removal Plant
O - Other



Sample Condition Upon Receipt

WO#: 7064563

Client Name: Hagston Bay

Pro PM: SWM Due Date: 10/12/18
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): 4.7 Cooler Temperature Corrected (°C): 4.7

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: CA 9-12-18

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 WPT 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	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		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. 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 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: _____