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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. : 7070288

Received : 11/07/2018 5:00
 Sample Type : Drinking Water

Date Reported: 11/09/2018

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
7070288001	HB27	11/7/2018 7:45:00		Absent	Absent	0.55
Routine	Suffolk Cty. Hwy. Dept.	Collected by: CLIENT	Analysis Time	11/8/2018 3:17:00 PM	11/8/2018 3:17:00 PM	11/7/2018 7:45:00 AM
Distribution	North Hwy.					
7070288002	HB2	11/7/2018 8:00:00		Absent	Absent	0.48
Routine	R. Loetscher	Collected by: CLIENT	Analysis Time	11/8/2018 3:17:00 PM	11/8/2018 3:17:00 PM	11/7/2018 8:00:00 AM
Distribution	Wakeman Rd.					
7070288003	HB3	11/7/2018 8:15:00		Absent	Absent	0.39
Routine	U.S.C.G.	Collected by: CLIENT	Analysis Time	11/8/2018 3:17:00 PM	11/8/2018 3:17:00 PM	11/7/2018 8:15:00 AM
Distribution	Foster Ave.					
7070288004	HB4	11/7/2018 8:30:00		Absent	Absent	0.41
Routine	H.B. Elem School	Collected by: CLIENT	Analysis Time	11/8/2018 3:17:00 PM	11/8/2018 3:17:00 PM	11/7/2018 8:30:00 AM
Distribution	Ponquogue Ave.					
7070288005	HB5	11/7/2018 8:45:00		Absent	Absent	0.51
Routine	H.B. High School	Collected by: CLIENT	Analysis Time	11/8/2018 3:17:00 PM	11/8/2018 3:17:00 PM	11/7/2018 8:45:00 AM
Distribution	Argonne Rd.					
7070288006	HB6	11/7/2018 9:00:00		Absent	Absent	0.48
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	11/8/2018 3:17:00 PM	11/8/2018 3:17:00 PM	11/7/2018 9:00:00 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



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

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 Federal ID : 5103704

Lab Project No. : 7070288

Received : 11/07/2018 5:00
 Sample Type : Drinking Water

Date Reported: 11/09/2018

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	
7070288007	HB7	11/7/2018 9:20:00		Absent	Absent	4
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	11/8/2018 3:17:00 PM	11/8/2018 3:17:00 PM	11/7/2018 9:20:00 AM
7070288008	HB8	11/7/2018 9:40:00		Absent	Absent	0.56
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT	Analysis Time	11/8/2018 3:17:00 PM	11/8/2018 3:17:00 PM	11/7/2018 9:40:00 AM
7070288009	HB9	11/7/2018 7:30:00		Absent	Absent	0.61
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT	Analysis Time	11/8/2018 3:17:00 PM	11/8/2018 3:17:00 PM	11/7/2018 7:30:00 AM
7070288010	HB10	11/7/2018 9:55:00		Absent	Absent	0.44
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT	Analysis Time	11/8/2018 3:17:00 PM	11/8/2018 3:17:00 PM	11/7/2018 9:55:00 AM
7070288011	HB11	11/7/2018 10:10:00		Absent	Absent	0.55
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT	Analysis Time	11/8/2018 3:17:00 PM	11/8/2018 3:17:00 PM	11/7/2018 10:10:00

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	
N = Nitrate Removal	O = Other

Test results meet the requirements of NELAC unless otherwise noted.

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WorkOrder :

7070288

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

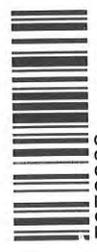
Rhode Island Certification #: LAO00340

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987



WO# : 7070288



7070288

747

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 11-7-18

Collected By: K. J. [Signature]

Accepted By: [Signature]

Cooler Temp: 3.5 °C

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

11/7/18
1355
Back 1700

Client Info:

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

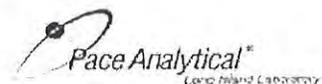
Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____

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 pH/Temp	Analysis	Lab No.
<u>7:45AM</u> <u>11-7-18</u>	<u>PW</u>	<u># 27</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.55</u> <u>7.52</u>	<u>BACT w/lc</u>	<u>001</u>
<u>8:00AM</u> <u>11-7-18</u>	<u>PW</u>	<u># 2</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.48</u> <u>7.81</u>	<u>BACT w/lc</u>	<u>002</u>
<u>8:15AM</u> <u>11-7-18</u>	<u>PW</u>	<u># 3</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.39</u> <u>7.50</u>	<u>BACT w/lc</u>	<u>003</u>
<u>8:30AM</u> <u>11-7-18</u>	<u>PW</u>	<u># 4</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.41</u> <u>7.40</u>	<u>BACT w/lc</u>	<u>004</u>
<u>8:45AM</u> <u>11-7-18</u>	<u>PW</u>	<u># 5</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.51</u> <u>7.55</u>	<u>BACT w/lc</u>	<u>005</u>
<u>9:00AM</u> <u>11-7-18</u>	<u>PW</u>	<u># 6</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.48</u> <u>7.42</u>	<u>BACT w/lc</u>	<u>006</u>
<u>9:20AM</u> <u>11-7-18</u>	<u>PW</u>	<u># 7</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.56</u> <u>7.38</u>	<u>BACT w/lc</u>	<u>007</u>
<u>9:40AM</u> <u>11-7-18</u>	<u>PW</u>	<u># 8</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.61</u> <u>7.45</u>	<u>BACT w/lc</u>	<u>008</u>
<u>9:55AM</u> <u>11-7-18</u>	<u>PW</u>	<u># 9</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.44</u> <u>7.39</u>	<u>BACT w/lc</u>	<u>009</u>
<u>10:10AM</u> <u>11-7-18</u>	<u>PW</u>	<u># 10</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.55</u> <u>7.57</u>	<u>BACT w/lc</u>	<u>010</u>
<u>10:10AM</u> <u>11-7-18</u>	<u>PW</u>	<u># 11</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.48</u> <u>7.58</u>	<u>BACT w/lc</u>	<u>011</u>

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

WO#: **7070288**

PM: SWM Due Date: 12/07/18

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): 3.5

Cooler Temperature Corrected (°C): 3.5

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 11/7/18

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 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 checked="" 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)	<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 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: _____

