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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. : 7040046**

Received :01/10/2018 3:40  
 Sample Type :Drinking Water

Date Reported:01/11/2018

| Lab Number        | Location          | Collected            | Units               |                      | Limits                         |                      |
|-------------------|-------------------|----------------------|---------------------|----------------------|--------------------------------|----------------------|
|                   |                   |                      | Method              | Limit                | Method                         | Limit                |
| <b>7040046001</b> | HB12              | 1/10/2018 10:04:00   | <b>E.coli</b>       | N/A                  | <b>Total Coliforms</b>         | N/A                  |
| Routine           | M. Layburn        |                      | SM22 9223B Colilert | Absent               | SM22 9223B Colilert            | Absent               |
| Distribution      | Squires Pond Rd.  | Collected by: CLIENT |                     |                      |                                |                      |
|                   |                   |                      |                     |                      | <b>Field Residual Chlorine</b> | mg/L                 |
|                   |                   |                      |                     |                      |                                | 4                    |
|                   |                   |                      | <b>Absent</b>       |                      | <b>Absent</b>                  | <b>0.52</b>          |
|                   |                   |                      | Analysis Time       | 1/11/2018 1:00:00 PM | 1/11/2018 1:00:00 PM           | 1/10/2018 10:04:00   |
| <b>7040046002</b> | HB13              | 1/10/2018 7:45:00    | <b>E.coli</b>       | N/A                  | <b>Total Coliforms</b>         | N/A                  |
| Routine           | H.B. Bagel        |                      | SM22 9223B Colilert | Absent               | SM22 9223B Colilert            | Absent               |
| Distribution      | W. Montauk Hwy.   | Collected by: CLIENT |                     |                      |                                |                      |
|                   |                   |                      |                     |                      | <b>Field Residual Chlorine</b> | mg/L                 |
|                   |                   |                      |                     |                      |                                | 4                    |
|                   |                   |                      | <b>Absent</b>       |                      | <b>Absent</b>                  | <b>0.55</b>          |
|                   |                   |                      | Analysis Time       | 1/11/2018 1:00:00 PM | 1/11/2018 1:00:00 PM           | 1/10/2018 7:45:00 AM |
| <b>7040046003</b> | HB28              | 1/10/2018 8:00:00    | <b>E.coli</b>       | N/A                  | <b>Total Coliforms</b>         | N/A                  |
| Routine           | Huebner           |                      | SM22 9223B Colilert | Absent               | SM22 9223B Colilert            | Absent               |
| Distribution      | Oakwood Rd.       | Collected by: CLIENT |                     |                      |                                |                      |
|                   |                   |                      |                     |                      | <b>Field Residual Chlorine</b> | mg/L                 |
|                   |                   |                      |                     |                      |                                | 4                    |
|                   |                   |                      | <b>Absent</b>       |                      | <b>Absent</b>                  | <b>0.77</b>          |
|                   |                   |                      | Analysis Time       | 1/11/2018 1:00:00 PM | 1/11/2018 1:00:00 PM           | 1/10/2018 8:00:00 AM |
| <b>7040046004</b> | HB29              | 1/10/2018 8:16:00    | <b>E.coli</b>       | N/A                  | <b>Total Coliforms</b>         | N/A                  |
| Routine           | McFarland         |                      | SM22 9223B Colilert | Absent               | SM22 9223B Colilert            | Absent               |
| Distribution      | Ridgewood La.     | Collected by: CLIENT |                     |                      |                                |                      |
|                   |                   |                      |                     |                      | <b>Field Residual Chlorine</b> | mg/L                 |
|                   |                   |                      |                     |                      |                                | 4                    |
|                   |                   |                      | <b>Absent</b>       |                      | <b>Absent</b>                  | <b>0.52</b>          |
|                   |                   |                      | Analysis Time       | 1/11/2018 1:00:00 PM | 1/11/2018 1:00:00 PM           | 1/10/2018 8:16:00 AM |
| <b>7040046005</b> | HB16              | 1/10/2018 8:35:00    | <b>E.coli</b>       | N/A                  | <b>Total Coliforms</b>         | N/A                  |
| Routine           | Spellman's Marine |                      | SM22 9223B Colilert | Absent               | SM22 9223B Colilert            | Absent               |
| Distribution      | Rampasture Rd.    | Collected by: CLIENT |                     |                      |                                |                      |
|                   |                   |                      |                     |                      | <b>Field Residual Chlorine</b> | mg/L                 |
|                   |                   |                      |                     |                      |                                | 4                    |
|                   |                   |                      | <b>Absent</b>       |                      | <b>Absent</b>                  | <b>0.58</b>          |
|                   |                   |                      | Analysis Time       | 1/11/2018 1:00:00 PM | 1/11/2018 1:00:00 PM           | 1/10/2018 8:35:00 AM |
| <b>7040046006</b> | HB31              | 1/10/2018 8:55:00    | <b>E.coli</b>       | N/A                  | <b>Total Coliforms</b>         | N/A                  |
| Routine           | C. Morgan         |                      | SM22 9223B Colilert | Absent               | SM22 9223B Colilert            | Absent               |
| Distribution      |                   | Collected by: CLIENT |                     |                      |                                |                      |
|                   |                   |                      |                     |                      | <b>Field Residual Chlorine</b> | mg/L                 |
|                   |                   |                      |                     |                      |                                | 4                    |
|                   |                   |                      | <b>Absent</b>       |                      | <b>Absent</b>                  | <b>0.49</b>          |
|                   |                   |                      | Analysis Time       | 1/11/2018 1:00:00 PM | 1/11/2018 1:00:00 PM           | 1/10/2018 8:55:00 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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**Hampton Bays Water District**  
**P.O. Box 1013**  
**Hampton Bays, NY 11946**  
**Attn To : Rob King**  
 Federal ID : 5103704

**Lab Project No. : 7040046**

Received :01/10/2018 3:40  
 Sample Type :Drinking Water

Date Reported:01/11/2018

| Lab Number | Location  | Collected                                  | E.coli        |                      | Total Coliforms      | Field Residual Chlorine |
|------------|---|--|---------------|----------------------|----------------------|-------------------------|
|            |   |  | Units         | Method               | mg/L                 |                         |
| 7040046007 | HB25<br>Routine Distribution<br>K. Springer<br>Maple Ave.       | 1/10/2018 9:11:00<br>Collected by: CLIENT  | N/A           | SM22 9223B Colilert  | N/A                  | 4                       |
|            |   |  | Absent        | Absent               | Absent               | 0.56                    |
|            |   |  | Analysis Time | 1/11/2018 1:00:00 PM | 1/11/2018 1:00:00 PM | 1/10/2018 9:11:00 AM    |
| 7040046008 | HB19<br>Routine Distribution<br>J. Warner<br>Canoe PI Rd.       | 1/10/2018 9:26:00<br>Collected by: CLIENT  | N/A           | SM22 9223B Colilert  | N/A                  | 4                       |
|            |   |  | Absent        | Absent               | Absent               | 0.61                    |
|            |   |  | Analysis Time | 1/11/2018 1:00:00 PM | 1/11/2018 1:00:00 PM | 1/10/2018 9:26:00 AM    |
| 7040046009 | HB21<br>Routine Distribution<br>H.B. Fire Dept.<br>Montauk Hwy. | 1/10/2018 9:45:00<br>Collected by: CLIENT  | N/A           | SM22 9223B Colilert  | N/A                  | 4                       |
|            |   |  | Absent        | Absent               | Absent               | 0.64                    |
|            |   |  | Analysis Time | 1/11/2018 1:00:00 PM | 1/11/2018 1:00:00 PM | 1/10/2018 9:45:00 AM    |
| 7040046010 | HB5A<br>Routine Distribution<br>Sunday's By The Bay<br>Dune Rd. | 1/10/2018 10:25:00<br>Collected by: CLIENT | N/A           | SM22 9223B Colilert  | N/A                  | 4                       |
|            |   |  | Absent        | Absent               | Absent               | 0.36                    |
|            |   |  | Analysis Time | 1/11/2018 1:00:00 PM | 1/11/2018 1:00:00 PM | 1/10/2018 10:25:00      |

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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*Stu Murrell*  
 Stu Murrell



575 Broad Hollow Road, Melville, NY 11747

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

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**WorkOrder :**

7040046

## 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#: 7040046



7040046

747

# Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 31 1-10-18

WELL RUN TO SYSTEM

Collected By: K. JUTHILAL 1/10/18

Accepted By: [Signature] 12:35

Cooler Temp: 2.1 °C

YES  NO VOC'S PRESERVED WITH HCl  
Back 15:40

### 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<br>Cl <sub>2</sub> pH/Temp | Analysis | Lab No. |
|----------------------|-------------|----------|--------|----------------|---------|---|----------|---------|
| 10:04AM<br>1-10-18   | PW          | #12      | D      | -              | RO      | 7.01<br>.52                               | BACT w/c | 001     |
| 7:45AM<br>1-10-18    | PW          | #13      | D      | -              | RO      | 7.30<br>.55                               | BACT w/c | 002     |
| 8:00AM<br>1-10-18    | PW          | #28      | D      | -              | RO      | 7.14<br>.77                               | BACT w/c | 003     |
| 8:16AM<br>1-10-18    | PW          | #29      | D      | -              | RO      | 7.06<br>.52                               | BACT w/c | 004     |
| 8:35AM<br>1-10-18    | PW          | #16      | D      | -              | RO      | 7.34<br>.58                               | BACT w/c | 005     |
| 8:55AM<br>1-10-18    | PW          | #31      | D      | -              | RO      | 7.01<br>.49                               | BACT w/c | 006     |
| 9:11AM<br>1-10-18    | PW          | #25      | D      | -              | RO      | 7.06<br>.56                               | BACT w/c | 007     |
| 9:26AM<br>1-10-18    | PW          | #19      | D      | -              | RO      | 7.08<br>.61                               | BACT w/c | 008     |
| 9:45AM<br>1-10-18    | PW          | #21      | D      | -              | RO      | 7.04<br>.64                               | BACT w/c | 009     |
| 10:35AM<br>1-10-18   | PW          | #5A      | D      | -              | RO      | 7.20<br>.36                               | BACT w/c | 010     |

Remarks:

| 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 Condition Upon Receipt

Client Name: HBW

Project: \_\_\_\_\_

**WO# : 7040046**

PM: SWM Due Date: 02/09/18

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

Type of Ice:  Wet  Blue  None

Thermometer Used: TH092

Correction Factor: 10.0

Samples on ice, cooling process has begun

Cooler Temperature (°C): 2.1

Cooler Temperature Corrected (°C): 2.1

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: EP 1/10/18

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 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 <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 #  |   |  |  |
| 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            |  | Sample #   |
| 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  |
| 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: \_\_\_\_\_