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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. : 7043564

Received :02/21/2018 3:40
 Sample Type :Drinking Water

Date Reported:02/23/2018

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
7043564007	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	2/21/2018 9:10:00 Collected by: CLIENT	Analysis Time	Absent 2/22/2018 5:55:00 PM	Absent 2/22/2018 5:55:00 PM	0.44 2/21/2018 9:30:00 AM
7043564008	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	2/21/2018 9:30:00 Collected by: CLIENT	Analysis Time	Absent 2/22/2018 5:55:00 PM	Absent 2/22/2018 5:55:00 PM	0.44 2/21/2018 9:30:00 AM
7043564009	HB29 Routine Distribution McFarland Ridgewood La.	2/21/2018 10:10:00 Collected by: CLIENT	Analysis Time	Absent 2/22/2018 5:55:00 PM	Absent 2/22/2018 5:55:00 PM	0.55 2/21/2018 10:10:00
7043564010	HB19 Routine Distribution J. Warner Canoe PI Rd.	2/21/2018 9:50:00 Collected by: CLIENT	Analysis Time	Absent 2/22/2018 5:55:00 PM	Absent 2/22/2018 5:55:00 PM	0.31 2/21/2018 9:50:00 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.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Stu Murrell
 Stu Murrell



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

WorkOrder :

7043564

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# : 7043564



7043564

11747

(631) 694-3040 Fax: (631) 420-8436

Client Info:

Name or Code: **HAMPTON BAYS WATER DISTRICT**

Address: **P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946**

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.
7:30AM 2-21-18	PW	#12	D	-	RO	7.51	BACT w/CL	001
7:45AM 2-21-18	PW	#13	D	-	RO	7.02	BACT w/CL	002
8:01AM 2-21-18	PW	#28	D	-	RO	7.01	BACT w/CL	003
8:16AM 2-21-18	PW	#16	D	-	RO	7.05	BACT w/CL	004
8:35AM 2-21-18	PW	#31	D	-	RO	7.03	BACT w/CL	005
8:51AM 2-21-18	PW	#25	D	-	RO	7.08	BACT w/CL	006
9:10AM 2-21-18	PW	#5A	D	-	RO	7.02	BACT w/CL	007
9:30AM 2-21-18	PW	#21	D	-	RO	7.29	BACT w/CL	008
10:10AM 2-21-18	PW	#29	D	-	RO	7.06	BACT w/CL	009
9:50AM 2-21-18	PW	#19	D	-	RO	7.20	BACT w/CL	010

Remarks:

**Sample Request Form
PUBLIC WATER SUPPLIER**

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Date: 2-21-18

Collected By: K. J. TULLIN

Accepted By: Chy D'Amore 14205

Cooler Temp: 3.9 °C

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	

Red-Clay Done 2-21-18 15:40



Sample Condition Upon Receipt

Client Name: Hayston Bay Water Project: WO# : 7043564

PM: SWM Due Date: 03/23/18
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: T14092 Correction Factor: +0.0

Samples on ice, cooling process has begun

Cooler Temperature (°C): 3.2

Cooler Temperature Corrected (°C): 3.9

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: CD 2-21-18

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 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
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: 2/21/18

Comments/ Resolution: Time of collection on chain of custody for sample ID HB16 says 08:16. Bottle says 2/21/18 8:35 AM. Time of collection on chain of custody for sample ID HB31 says 2/21 8:35 AM. Bottle says 2/21 8:51. Time of collection on chain of custody for sample ID HB25 says 8/21 8:51. Bottle says 2/21 9:10. Time of collection on chain of custody for sample ID HB21 says 2/21 8:30. Bottle says 2/21 10:10.

* PM (Project Manager) review is documented electronically in LIMS. Time of collection on chain of custody for sample ID HB29 says 2/21 10:10. Bottle says 2/21 8:16. Samples are logged as percentum of (used)