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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. : 7054865

Received :06/13/2018 5:00
 Sample Type :Drinking Water

Date Reported:06/14/2018

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
7054865001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	6/13/2018 7:30:00 Collected by: CLIENT	Analysis Time	Absent 6/14/2018 12:30:00	Absent 6/14/2018 12:30:00	0.58 6/13/2018 7:30:00 AM
7054865002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	6/13/2018 9:35:00 Collected by: CLIENT	Analysis Time	Absent 6/14/2018 12:30:00	Absent 6/14/2018 12:30:00	0.67 6/13/2018 9:35:00 AM
7054865003	HB28 Routine Huebner Distribution Oakwood Rd.	6/13/2018 9:18:00 Collected by: CLIENT	Analysis Time	Absent 6/14/2018 12:30:00	Absent 6/14/2018 12:30:00	0.61 6/13/2018 9:18:00 AM
7054865004	HB29 Routine McFarland Distribution Ridgewood La.	6/13/2018 8:15:00 Collected by: CLIENT	Analysis Time	Absent 6/14/2018 12:30:00	Absent 6/14/2018 12:30:00	0.70 6/13/2018 8:15:00 AM
7054865005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	6/13/2018 8:30:00 Collected by: CLIENT	Analysis Time	Absent 6/14/2018 12:30:00	Absent 6/14/2018 12:30:00	0.51 6/13/2018 8:30:00 AM
7054865006	HB31 Routine C. Morgan Distribution	6/13/2018 9:03:00 Collected by: CLIENT	Analysis Time	Absent 6/14/2018 12:30:00	Absent 6/14/2018 12:30:00	0.64 6/13/2018 9:03:00 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



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				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
7054865007	HB25 Routine K. Springer Distribution Maple Ave.	6/13/2018 8:45:00 Collected by: CLIENT	Analysis Time	Absent 6/14/2018 12:30:00	Absent 6/14/2018 12:30:00	0.66 6/13/2018 8:45:00 AM
7054865008	HB19 Routine J. Warner Distribution Canoe PI Rd.	6/13/2018 8:00:00 Collected by: CLIENT	Analysis Time	Absent 6/14/2018 12:30:00	Absent 6/14/2018 12:30:00	0.96 6/13/2018 8:00:00 AM
7054865009	HB21 Routine H.B. Fire Dept. Distribution Montauk Hwy.	6/13/2018 7:45:00 Collected by: CLIENT	Analysis Time	Absent 6/14/2018 12:30:00	Absent 6/14/2018 12:30:00	0.72 6/13/2018 7:45:00 AM
7054865010	HB5A Routine Sunday's By The Bay Distribution Dune Rd.	6/13/2018 10:00:00 Collected by: CLIENT	Analysis Time	Absent 6/14/2018 12:30:00	Absent 6/14/2018 12:30:00	0.48 6/13/2018 10:00:00

Result(s) reported meet(s) NYS Regulatory Limit(s).
 Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments	
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FM = Iron/Manganese Removal	
N = Nitrate Removal	O = Other

Test results meet the requirements of NELAC unless otherwise noted.

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575 Broad Hollow Road, Melville, NY 11747

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

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WorkOrder :

7054865

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#: 7054865



7054865

Sample Request Form PUBLIC WATER SUPPLIER

Date: 6-13-18

Collected By: K. TUTHILL

Accepted By: [Signature]

Cooler Temp: 5.7 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

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: _____

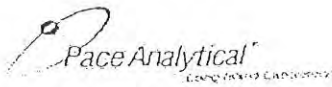
Copies To: _____

Sample Info:

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	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
7:30AM 6-13-18	PW	#12	D	-	RO	.58 7.45	BACT w/ccl	001
9:35AM 6-13-18	PW	#13	D	-	RO	.67 7.45	BACT w/ccl	002
9:15AM 6-13-18	PW	#28	D	-	RO	.61 7.36	BACT w/ccl	003
8:15AM 6-13-18	PW	#29	D	-	RO	.70 7.40	BACT w/ccl	004
8:30AM 6-13-18	PW	#16	D	-	RO	.51 7.51	BACT w/ccl	005
9:03AM 6-13-18	PW	#31	D	-	RO	.64 7.59	BACT w/ccl	006
8:45AM 6-13-18	PW	#25	D	-	RO	.66 7.48	BACT w/ccl	007
8:00AM 6-13-18	PW	#19	D	-	RO	.96 7.36	BACT w/ccl	008
7:45AM 6-13-18	PW	#21	D	-	RO	.72 7.58	BACT w/ccl	009
6:10:00AM 6-13-18	PW	#5A	D	-	RO	.48 7.29	BACT w/ccl	010

Remarks:



Sample Condition Upon Receipt

WO#: 7054865

Client Name: HBW

PM: SWM Due Date: 07/13/18
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
Type of Ice: Wet Blue None

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

Samples on ice, cooling process has begun
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: [Signature]

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, IA, 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.

Table with 16 rows and 3 columns: Question, Yes/No/N/A, and Comments. Includes items like Chain of Custody Present, Samples Arrived within Hold Time, Containers Intact, etc.

Client Notification/ Resolution:
Person Contacted:
Comments/ Resolution:

Field Data Required? Y / N
Date/Time:

* PM (Project Manager) review is documented electronically in LIMS.