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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. : 7072982**

Received : 12/05/2018 4:30  
 Sample Type : Drinking Water

Date Reported: 12/06/2018

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	
<b>7072982001</b>	HB27	12/5/2018 9:10:00		Absent	Absent	4
Routine	Suffolk Cty. Hwy. Dept.		Analysis	<b>Absent</b>	<b>Absent</b>	<b>0.86</b>
Distribution	North Hwy.	Collected by: CLIENT	Time	12/6/2018 1:00:00 PM	12/6/2018 1:00:00 PM	12/5/2018 9:10:00 AM
<b>7072982002</b>	HB2	12/5/2018 7:45:00		Absent	Absent	0.53
Routine	R. Loetscher		Analysis	<b>Absent</b>	<b>Absent</b>	<b>0.53</b>
Distribution	Wakeman Rd.	Collected by: CLIENT	Time	12/6/2018 1:00:00 PM	12/6/2018 1:00:00 PM	12/5/2018 7:45:00 AM
<b>7072982003</b>	HB3	12/5/2018 8:05:00		Absent	Absent	0.36
Routine	U.S.C.G.		Analysis	<b>Absent</b>	<b>Absent</b>	<b>0.36</b>
Distribution	Foster Ave.	Collected by: CLIENT	Time	12/6/2018 1:00:00 PM	12/6/2018 1:00:00 PM	12/5/2018 8:05:00 AM
<b>7072982004</b>	HB4	12/5/2018 8:20:00		Absent	Absent	0.54
Routine	H.B. Elem School		Analysis	<b>Absent</b>	<b>Absent</b>	<b>0.54</b>
Distribution	Ponquogue Ave.	Collected by: CLIENT	Time	12/6/2018 1:00:00 PM	12/6/2018 1:00:00 PM	12/5/2018 8:20:00 AM
<b>7072982005</b>	HB5	12/5/2018 8:35:00		Absent	Absent	0.67
Routine	H.B. High School		Analysis	<b>Absent</b>	<b>Absent</b>	<b>0.67</b>
Distribution	Argonne Rd.	Collected by: CLIENT	Time	12/6/2018 1:00:00 PM	12/6/2018 1:00:00 PM	12/5/2018 8:35:00 AM
<b>7072982006</b>	HB6	12/5/2018 8:50:00		Absent	Absent	0.54
Routine	Strong Oil		Analysis	<b>Absent</b>	<b>Absent</b>	<b>0.54</b>
Distribution	Montauk Hwy. East	Collected by: CLIENT	Time	12/6/2018 1:00:00 PM	12/6/2018 1:00:00 PM	12/5/2018 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.

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

*Stu Murrell*  
 Stu Murrell



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Date Reported: 12/06/2018

Lab Number	Location	Collected	Units	E.coli	Total Coliforms	Field Residual Chlorine
7072982007	HB7 Routine Distribution SO. Town Parks & Rec	12/5/2018 9:25:00 Collected by: CLIENT	Method Limits	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	<b>Absent</b> 12/6/2018 1:00:00 PM	<b>Absent</b> 12/6/2018 1:00:00 PM	<b>0.83</b> 12/5/2018 9:25:00 AM
7072982008	HB8 Routine Distribution B. McCormack Bittersweet Ave.	12/5/2018 9:40:00 Collected by: CLIENT	Method Limits	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	<b>Absent</b> 12/6/2018 1:00:00 PM	<b>Absent</b> 12/6/2018 1:00:00 PM	<b>0.56</b> 12/5/2018 9:40:00 AM
7072982009	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	12/5/2018 7:30:00 Collected by: CLIENT	Method Limits	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	<b>Absent</b> 12/6/2018 1:00:00 PM	<b>Absent</b> 12/6/2018 1:00:00 PM	<b>0.56</b> 12/5/2018 7:30:00 AM
7072982010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	12/5/2018 9:55:00 Collected by: CLIENT	Method Limits	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	<b>Absent</b> 12/6/2018 1:00:00 PM	<b>Absent</b> 12/6/2018 1:00:00 PM	<b>0.58</b> 12/5/2018 9:55:00 AM
7072982011	HB11 Routine Distribution Riverhead Building Supply Montauk Hwy. West	12/5/2018 10:12:00 Collected by: CLIENT	Method Limits	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	<b>Absent</b> 12/6/2018 1:00:00 PM	<b>Absent</b> 12/6/2018 1:00:00 PM	<b>0.50</b> 12/5/2018 10:12:00

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

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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](http://www.pacelabs.com)

**WorkOrder :**

7072982

## 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#: 7072982



7072982

# Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: DEC. 5, 2018

Collected By: K. TUTHILL

Accepted By: [Signature]

Cooler Temp: 2.7°C

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

CLY  
12/5/18  
1320  
Buck At: 1630

### 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 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 <sub>2</sub>	pH/Temp	Analysis	Lab No.
7:10AM 12-5-18	RO	#27	D	-	RO	.86	7.60	BACT w/Cl <sub>2</sub>	001
7:45AM 12-5-18	RO	#2	D	-	RO	.53	7.54	BACT w/Cl <sub>2</sub>	002
8:05AM 12-5-18	RO	#3	D	-	RO	.36	7.55	BACT w/Cl <sub>2</sub>	003
8:20AM 12-5-18	RO	#4	D	-	RO	.54	7.55	BACT w/Cl <sub>2</sub>	004
8:35AM 12-5-18	RO	#5	D	-	RO	.67	7.62	BACT w/Cl <sub>2</sub>	005
8:50AM 12-5-18	RO	#6	D	-	RO	.54	7.54	BACT w/Cl <sub>2</sub>	006
9:25AM 12-5-18	RO	#7	D	-	RO	.83	7.68	BACT w/Cl <sub>2</sub>	007
9:40AM 12-5-18	RO	#8	D	-	RO	.56	7.49	BACT w/Cl <sub>2</sub>	008
7:30AM 12-5-18	RO	#9	D	-	RO	.56	7.63	BACT w/Cl <sub>2</sub>	009
9:55AM 12-5-18	RO	#10	D	-	RO	.58	7.71	BACT w/Cl <sub>2</sub>	010
10:10AM 12-5-18	RO	#11	D	-	RO	.50	7.60	BACT w/Cl <sub>2</sub>	011

Remarks:





### Sample Condition Upon Receipt

Client Name: HPBW

Proje **WO#: 7072982**  
 PM: SWM Due Date: 01/04/19  
 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): 2.7

Cooler Temperature Corrected (°C): 2.7

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 12/5/18

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 #			Sample #
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	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: \_\_\_\_\_