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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. : 7039583

Received :01/03/2018 2:45
 Sample Type :Drinking Water

Date Reported:01/05/2018

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	
7039583001	HB27	1/3/2018 7:30:00 AM		Absent	Absent	4
Routine	Suffolk Cty. Hwy. Dept.	Collected by: CLIENT	Analysis Time	Absent	Absent	0.78
Distribution	North Hwy.			1/4/2018 1:00:00 PM	1/4/2018 1:00:00 PM	1/3/2018 7:30:00 AM
7039583002	HB2	1/3/2018 7:45:00 AM		Absent	Absent	0.54
Routine	R. Loetscher	Collected by: CLIENT	Analysis Time	Absent	Absent	0.54
Distribution	Wakeman Rd.			1/4/2018 1:00:00 PM	1/4/2018 1:00:00 PM	1/3/2018 7:45:00 AM
7039583003	HB3	1/3/2018 8:01:00 AM		Absent	Absent	0.41
Routine	U.S.C.G.	Collected by: CLIENT	Analysis Time	Absent	Absent	0.41
Distribution	Foster Ave.			1/4/2018 1:00:00 PM	1/4/2018 1:00:00 PM	1/3/2018 8:01:00 AM
7039583004	HB4	1/3/2018 8:32:00 AM		Absent	Absent	0.70
Routine	H.B. Elem School	Collected by: CLIENT	Analysis Time	Absent	Absent	0.70
Distribution	Ponquogue Ave.			1/4/2018 1:00:00 PM	1/4/2018 1:00:00 PM	1/3/2018 8:32:00 AM
7039583005	HB5	1/3/2018 8:50:00 AM		Absent	Absent	0.62
Routine	H.B. High School	Collected by: CLIENT	Analysis Time	Absent	Absent	0.62
Distribution	Argonne Rd.			1/4/2018 1:00:00 PM	1/4/2018 1:00:00 PM	1/3/2018 8:50:00 AM
7039583006	HB6	1/3/2018 9:05:00 AM		Absent	Absent	0.58
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	Absent	Absent	0.58
Distribution	Montauk Hwy. East			1/4/2018 1:00:00 PM	1/4/2018 1:00:00 PM	1/3/2018 9:05:00 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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Date Reported:01/05/2018

Lab Number	Location	Collected	Units	E.coli	Total Coliforms	Field Residual Chlorine
7039583007	HB7 Routine Distribution SO. Town Parks & Rec	1/3/2018 9:20:00 AM Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent	Absent	0.6
				1/4/2018 1:00:00 PM	1/4/2018 1:00:00 PM	1/3/2018 9:20:00 AM
7039583008	HB8 Routine Distribution B. McCormack Bittersweet Ave.	1/3/2018 9:35:00 AM Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent	Absent	0.53
				1/4/2018 1:00:00 PM	1/4/2018 1:00:00 PM	1/3/2018 9:35:00 AM
7039583009	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	1/3/2018 8:16:00 AM Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent	Absent	0.66
				1/4/2018 1:00:00 PM	1/4/2018 1:00:00 PM	1/3/2018 10:16:00 AM
7039583010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	1/3/2018 10:10:00 Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent	Absent	0.52
				1/4/2018 1:00:00 PM	1/4/2018 1:00:00 PM	1/3/2018 10:10:00 AM
7039583011	HB11 Routine Distribution Riverhead Building Supply Montauk Hwy. West	1/3/2018 9:51:00 AM Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent	Absent	0.61
				1/4/2018 1:00:00 PM	1/4/2018 1:00:00 PM	1/3/2018 9:51:00 AM

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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Stu Murrell
 Stu Murrell



575 Broad Hollow Road, Melville, NY 11747

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

www.pacelabs.com

WorkOrder :

7039583

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#: 7039583



7039583 (031) 674-3040 FAX (031) 420-0430

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 1-3-18

12:40

Collected By: [Signature]

1-3-18

WELL RUN TO SYSTEM

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: _____

YES NO VOC'S PRESERVED WITH HCI

Cooler Temp: 2.4 °C

Back At. 14:45

Sample Types

- PW - Potable Water
- GW - Groundwater
- SW - Surface Water
- WW - Waste Water
- AQ - Aqueous
- S - Soil

Purpose

- RO - Routine
- RE - Resample
- S - Special

Origin

- D - Distribution
- RW - Raw Well
- TW - Treated Well
- T - Tank
- MW - Monitoring Well
- I - Influent
- E - Effluent

Treatment Types

- AST - Air Stripper
- GAC - Granular Activated Charcoal
- N - Nitrate Removal Plant
- FE - Iron Removal Plant
- O - Other

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
7:30AM 1-3-18	PW	#27	D	-	RO	7.86	BACT w/c	001
7:45AM 1-3-18	PW	#2	D	-	RO	7.52	BACT w/c	002
8:01AM 1-3-18	PW	#3	D	-	RO	7.27	BACT w/c	003
8:32AM 1-3-18	PW	#4	D	-	RO	7.32	BACT w/c	004
8:50AM 1-3-18	PW	#5	D	-	RO	7.33	BACT w/c	005
9:05AM 1-3-18	PW	#6	D	-	RO	7.31	BACT w/c	006
9:20AM 1-3-18	PW	#7	D	-	RO	7.24	BACT w/c	007
9:35AM 1-3-18	PW	#8	D	-	RO	7.15	BACT w/c	008
9:46AM 1-3-18	PW	#9	D	-	RO	7.33	BACT w/c	009
10:00AM 1-3-18	PW	#10	D	-	RO	7.14	BACT w/c	010
9:51AM 1-3-18	PW	#11	D	-	RO	7.38	BACT w/c	011

Remarks:



Sample Condition Upon Receipt

Client Name: ABW

WO#: 7039583
PM: SWM Due Date: 02/02/18
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: +0.0

Samples on ice, cooling process has begun

Cooler Temperature (°C): 2.4

Cooler Temperature Corrected (°C): 2.4

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 1/3/18

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1.
Chain of Custody Filled Out:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2.
Chain of Custody Relinquished:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.
Sampler Name & Signature on COC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		4.
Samples Arrived within Hold Time:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 <u>SL</u> <u>WT</u> <u>OIL</u>			
All containers needing preservation have been checked	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
Exceptions: VOA <u>Coliform</u> , 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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A		15.
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Pace Trip Blank Lot # (if applicable): _____			

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____

