

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

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946
Attn To : Rob King
 Federal ID : 5103704

Lab Project No. : 7081477

Received :03/06/2019 4:15
 Sample Type :Drinking Water

Date Reported:03/07/2019

| Lab | Location | Collected | Units | E.coli | Total Coliforms | Field Residual |
|-------------------|-------------------------|----------------------|---------------|-----------------------------|-----------------------------|----------------------------|
| | | | <u>Metho</u> | N/A | N/A | mg/L |
| | | | <u>Limits</u> | Absent | Absent | 4 |
| 7081477001 | HB27 | 3/6/2019 8:15:00 AM | | Absent | Absent | 0.67 |
| Routine | Suffolk Cty. Hwy. Dept. | Collected by: CLIENT | Analysis Time | 3/7/2019 12:00:00 PM | 3/7/2019 12:00:00 PM | 3/6/2019 8:15:00 AM |
| Distribution | North Hwy. | | | | | |
| 7081477002 | HB2 | 3/6/2019 8:30:00 AM | | Absent | Absent | 0.55 |
| Routine | R. Loetscher | Collected by: CLIENT | Analysis Time | 3/7/2019 12:00:00 PM | 3/7/2019 12:00:00 PM | 3/6/2019 8:30:00 AM |
| Distribution | Wakeman Rd. | | | | | |
| 7081477003 | HB3 | 3/6/2019 8:45:00 AM | | Absent | Absent | 0.22 |
| Routine | U.S.C.G. | Collected by: CLIENT | Analysis Time | 3/7/2019 12:00:00 PM | 3/7/2019 12:00:00 PM | 3/6/2019 8:45:00 AM |
| Distribution | Foster Ave. | | | | | |
| 7081477004 | HB4 | 3/6/2019 9:00:00 AM | | Absent | Absent | 0.29 |
| Routine | H.B. Elem School | Collected by: CLIENT | Analysis Time | 3/7/2019 12:00:00 PM | 3/7/2019 12:00:00 PM | 3/6/2019 9:00:00 AM |
| Distribution | Ponquogue Ave. | | | | | |
| 7081477005 | HB5 | 3/6/2019 9:15:00 AM | | Absent | Absent | 0.57 |
| Routine | H.B. High School | Collected by: CLIENT | Analysis Time | 3/7/2019 12:00:00 PM | 3/7/2019 12:00:00 PM | 3/6/2019 9:15:00 AM |
| Distribution | Argonne Rd. | | | | | |
| 7081477006 | HB6 | 3/6/2019 9:30:00 AM | | Absent | Absent | 0.36 |
| Routine | Strong Oil | Collected by: CLIENT | Analysis Time | 3/7/2019 12:00:00 PM | 3/7/2019 12:00:00 PM | 3/6/2019 9:30:00 AM |
| Distribution | Montauk Hwy. East | | | | | |

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

| Treatments | |
|-----------------------------|------------------------|
| A = Air Stripper | 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

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

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946
Attn To : Rob King
 Federal ID : 5103704

Lab Project No. : 7081477

Received :03/06/2019 4:15
 Sample Type :Drinking Water

Date Reported:03/07/2019

| Lab | Location | Collected | Units | E.coli | Total Coliforms | Field Residual |
|----------------------|---|----------------------|---------------|-----------------------------|-----------------------------|-----------------------------|
| | | | <u>Metho</u> | N/A | N/A | mg/L |
| | | | <u>Limits</u> | Absent | Absent | 4 |
| 7081477007 | HB7 | 3/6/2019 10:00:00 | | Absent | Absent | 0.36 |
| Routine Distribution | SO. Town Parks & Rec | Collected by: CLIENT | Analysis Time | 3/7/2019 12:00:00 PM | 3/7/2019 12:00:00 PM | 3/6/2019 10:00:00 AM |
| 7081477008 | HB8 | 3/6/2019 10:15:00 | | Absent | Absent | 0.97 |
| Routine Distribution | B. McCormack Bittersweet Ave. | Collected by: CLIENT | Analysis Time | 3/7/2019 12:00:00 PM | 3/7/2019 12:00:00 PM | 3/6/2019 10:15:00 AM |
| 7081477009 | HB9 | 3/6/2019 8:00:00 AM | | Absent | Absent | 0.79 |
| Routine Distribution | SO. Town Highway Dept. Jackson Ave. | Collected by: CLIENT | Analysis Time | 3/7/2019 12:00:00 PM | 3/7/2019 12:00:00 PM | 3/6/2019 8:00:00 AM |
| 7081477010 | HB10 | 3/6/2019 10:30:00 | | Absent | Absent | 0.54 |
| Routine Distribution | Pete's Deli Montauk Hwy. West | Collected by: CLIENT | Analysis Time | 3/7/2019 12:00:00 PM | 3/7/2019 12:00:00 PM | 3/6/2019 10:30:00 AM |
| 7081477011 | HB11 | 3/6/2019 10:45:00 | | Absent | Absent | 0.40 |
| Routine Distribution | Riverhead Building Supply Montauk Hwy. West | Collected by: CLIENT | Analysis Time | 3/7/2019 12:00:00 PM | 3/7/2019 12:00:00 PM | 3/6/2019 10:45:00 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 | 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 :

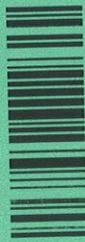
7081477

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#: 7081477



7081477

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 3-6-19

Collected By: G VALENTINO

Accepted By: [Signature]

Cooler Temp: 3.8 °C

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 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 Info:

| Date/Time Collected: | Sample Type | Location | Origin | Treatment Type | Purpose | Field Readings Cl ₂ pH/Temp | Analysis | Lab No. |
|----------------------|-------------|----------|--------|----------------|---------|---|----------------|---------|
| 3-6-19 815 | PW | #27 | D | - | RO | 0.67 7.40 | BACT w/CL | 001 |
| 3-6-19 830 | PW | #2 | D | - | RO | 0.55 7.42 | BACT w/CL | 002 |
| 3-6-19 845 | PW | #3 | D | - | RO | 0.22 7.40/7.34 | BACT w/CL, IOC | 003 |
| 3-6-19 900 | PW | #4 | D | - | RO | 0.29 7.43 | BACT w/CL | 004 |
| 3-6-19 915 | PW | #5 | D | - | RO | 0.57 7.48 | BACT w/CL | 005 |
| 3-6-19 930 | PW | #6 | D | - | RO | 0.36 7.50 | BACT w/CL | 006 |
| 3-6-19 1000 | PW | #7 | D | - | RO | 0.36 7.56 | BACT w/CL | 007 |
| 3-6-19 1015 | PW | #8 | D | - | RO | 0.97 7.61/6.70 | BACT w/CL, IOC | 008 |
| 3-6-19 800 | PW | #9 | D | - | RO | 0.79 7.35 | BACT w/CL | 009 |
| 3-6-19 1030 | PW | #10 | D | - | RO | 0.54 7.54 | BACT w/CL | 010 |
| 3-6-19 1045 | PW | #11 | D | - | RO | 0.40 7.44 | BACT w/CL | 011 |

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Project

WO#: 7081477
 PM: SWM Due Date: 04/05/19
 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): 3.8 Cooler Temperature Corrected (°C): 3.8

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 3/6/19

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 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 |
| 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: _____