

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. : 7084445

Received :04/03/2019 4:30
 Sample Type :Drinking Water

Date Reported: 04/04/2019

Lab	Location	Collected	Units	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	Absent	Absent	4
7084445001	HB27	4/3/2019 9:45:00 AM		Absent	Absent	0.51
Routine	Suffolk Cty. Hwy. Dept.	Collected by: CLIENT	Analysis Time	4/4/2019 12:35:00 PM	4/4/2019 12:35:00 PM	4/3/2019 9:45:00 AM
Distribution	North Hwy.					
7084445002	HB2	4/3/2019 8:15:00 AM		Absent	Absent	0.94
Routine	R. Loetscher	Collected by: CLIENT	Analysis Time	4/4/2019 12:35:00 PM	4/4/2019 12:35:00 PM	4/3/2019 8:15:00 AM
Distribution	Wakeman Rd.					
7084445003	HB3	4/3/2019 8:30:00 AM		Absent	Absent	0.34
Routine	U.S.C.G.	Collected by: CLIENT	Analysis Time	4/4/2019 12:35:00 PM	4/4/2019 12:35:00 PM	4/3/2019 8:30:00 AM
Distribution	Foster Ave.					
7084445004	HB4	4/3/2019 9:00:00 AM		Absent	Absent	0.45
Routine	H.B. Elem School	Collected by: CLIENT	Analysis Time	4/4/2019 12:35:00 PM	4/4/2019 12:35:00 PM	4/3/2019 9:00:00 AM
Distribution	Ponquogue Ave.					
7084445005	HB5	4/3/2019 8:45:00 AM		Absent	Absent	0.57
Routine	H.B. High School	Collected by: CLIENT	Analysis Time	4/4/2019 12:35:00 PM	4/4/2019 12:35:00 PM	4/3/2019 8:45:00 AM
Distribution	Argonne Rd.					
7084445006	HB6	4/3/2019 9:30:00 AM		Absent	Absent	0.26
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	4/4/2019 12:35:00 PM	4/4/2019 12:35:00 PM	4/3/2019 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.

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Stu Murrell
 Stu Murrell

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			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	Absent	Absent	4
7084445007	HB7	4/3/2019 10:00:00		Absent	Absent	0.43
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	4/4/2019 12:35:00 PM	4/4/2019 12:35:00 PM	4/3/2019 10:00:00 AM
7084445008	HB8	4/3/2019 10:15:00		Absent	Absent	0.81
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT	Analysis Time	4/4/2019 12:35:00 PM	4/4/2019 12:35:00 PM	4/3/2019 10:15:00 AM
7084445009	HB9	4/3/2019 8:00:00 AM		Absent	Absent	0.48
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT	Analysis Time	4/4/2019 12:35:00 PM	4/4/2019 12:35:00 PM	4/3/2019 8:00:00 AM
7084445010	HB10	4/3/2019 10:30:00		Absent	Absent	0.69
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT	Analysis Time	4/4/2019 12:35:00 PM	4/4/2019 12:35:00 PM	4/3/2019 10:30:00 AM
7084445011	HB11	4/3/2019 10:45:00		Absent	Absent	0.60
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT	Analysis Time	4/4/2019 12:35:00 PM	4/4/2019 12:35:00 PM	4/3/2019 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.

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

WorkOrder :

7084445

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#: 7084445



11747
36

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 4-3-19

Collected By: G. VALENTINO

Accepted By: [Signature]

Cooler Temp: 3.4 °C

YES NO VOC'S PRESERVED WITH HCl

Page 1 of 630

WELL RUN TO SYSTEM

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	

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:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
4-3-19	PW	#27 945	D	-	RO	.51	7.43	BACT w/CL	
4-3-19	PW	#2 815	D	-	RO	.94	7.39	BACT w/CL	
4-3-19	PW	#3 830	D	-	RO	.34	7.32	BACT w/CL	
4-3-19	PW	#4 900	D	-	RO	.45	7.31	BACT w/CL	
4-3-19	PW	#5 845	D	-	RO	.57	7.31	BACT w/CL	
4-3-19	PW	#6 930	D	-	RO	.26	7.35	BACT w/CL	
4-3-19	PW	#7 1000	D	-	RO	.43	7.36	BACT w/CL	
4-3-19	PW	#8 1015	D	-	RO	.81	7.51	BACT w/CL	
4-3-19	PW	#9 800	D	-	RO	.48	7.31	BACT w/CL	
4-3-19	PW	#10 1030	D	-	RO	.69	7.91	BACT w/CL	
4-3-19	PW	#11 1045	D	-	RO	.60	7.45	BACT w/CL	

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Project

WO#: 7084445

PM: SWM Due Date: 05/03/19

CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____
 Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Thermometer Used: TH091 Correction Factor: 0.0

Cooler Temperature (°C): 3.4 Cooler Temperature Corrected (°C): 3.4

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: 05/03/19

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 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 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	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		Initial when completed: Lot # of added preservative: Date/Time preservative added:
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #		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: _____

Comments/ Resolution: _____