



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

Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

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

Lab No. : 7086212001
Client Sample ID.: S-108066

Federal ID : 5103704
 Collected : 04/17/2019 10:30 AM Point S-108066
 Received : 04/17/2019 04:00 PM Location Well #4-2
 Collected By CLIENT

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Ca Hardness as CaCO3 (SM 2340B)	11.7		1	mg/L		04/19/2019 5:24 PM	001 BP3N1/1
Iron	2.7*		1	mg/L	0.3	04/19/2019 5:24 PM	001 BP3N1/1
Manganese	0.22		1	mg/L	0.3	04/19/2019 5:24 PM	001 BP3N1/1
Sodium	13.6		1	mg/L		04/19/2019 5:24 PM	001 BP3N1/1
Zinc	<0.020		1	mg/L	5	04/19/2019 5:24 PM	001 BP3N1/1

Analytical Method:EPA 200.8

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Antimony	<0.40		1	ug/L	6	04/18/2019 4:48 PM	001 BP3N1/1
Arsenic	<1.0		1	ug/L	10	04/18/2019 4:48 PM	001 BP3N1/1
Barium	0.023		1	mg/L	2	04/18/2019 4:48 PM	001 BP3N1/1
Beryllium	<0.30		1	ug/L	4	04/18/2019 4:48 PM	001 BP3N1/1
Cadmium	<1.0		1	ug/L	5	04/18/2019 4:48 PM	001 BP3N1/1
Chromium	<0.0070		1	mg/L	0.1	04/18/2019 4:48 PM	001 BP3N1/1
Lead	<1.0		1	ug/L	15	04/18/2019 4:48 PM	001 BP3N1/1
Mercury	<0.20		1	ug/L	2	04/18/2019 4:48 PM	001 BP3N1/1
Nickel	0.00089		1	mg/L		04/18/2019 4:48 PM	001 BP3N1/1
Selenium	<2.0		1	ug/L	50	04/18/2019 4:48 PM	001 BP3N1/1
Silver	<0.0010		1	mg/L	0.1	04/18/2019 4:48 PM	001 BP3N1/1
Thallium	<0.30		1	ug/L	2	04/18/2019 4:48 PM	001 BP3N1/1

Analytical Method:EPA 300.0

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Fluoride	<0.10		1	mg/L	2.2	04/24/2019 11:48	001 BP1U1/1
Sulfate	7.4		1	mg/L	250	04/24/2019 11:48	001 BP1U1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrate as N	0.25		1	mg/L	10	04/17/2019 10:51	001 BP1U1/1
Nitrate-Nitrite (as N)	0.25		1	mg/L		04/17/2019 10:51	001 BP1U1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrite as N	<0.050		1	mg/L	1	04/17/2019 8:01 PM	001 BP1U1/1

Analytical Method:Field Method

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Field Temperature	12.2	N3	1	deg C		04/17/2019 10:30	001 BP1U1/1

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.
 ND - Not Detected at or above adjusted reporting limit.
 J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range
 U - Indicates the compound was analyzed for, but not detected
 See qualifiers page for additional qualifier definitions.

Stu Murrell

Stu Murrell

Test results meet the requirements of NELAC unless otherwise noted.

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



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Lab No. : 7086212001
 Client Sample ID.: S-108066

Federal ID : 5103704
 Collected : 04/17/2019 10:30 AM Point S-108066
 Received : 04/17/2019 04:00 PM Location Well #4-2
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Field pH	6.69	N3	1	Std. Units		04/17/2019 10:30	001 BP1U1/1
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Analytical Method:SM22 2120B

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Apparent Color	40.0		1	units		04/19/2019 1:02 AM	001 BP1U1/1
pH	5.0		1	Std. Units		04/19/2019 1:02 AM	001 BP1U1/1

Analytical Method:SM22 2150B

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Odor @ 60 Degrees C	No odor		1			04/18/2019 2:28 AM	001 BP1U1/1

Analytical Method:SM22 2510B

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Specific Conductance	120		1	umhos/cm		04/21/2019 6:45 AM	001 BP1U1/1

Analytical Method:SM22 4500 NH3 H

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrogen, Ammonia	0.20		1	mg/L		04/25/2019 2:12 PM	001 BP1U1/1

Analytical Method:SM22 4500-CN-E Prep Method: SM20/22 4500-CN-C Prep Date: 04/25/2019 7:49 AM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Cyanide	<10.0		1	ug/L	200	04/25/2019 2:00 PM	001 BP3C1/1

Analytical Method:SM22 4500-CI-E

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Chloride	20.8		1	mg/L	250	04/19/2019 12:01	001 BP1U1/1

Analytical Method:SM22 5540C Prep Method: SM22 5540C Prep Date: 04/17/2019 11:39

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
LAS Molecular Weight, g/mol	320		1			04/17/2019 11:51	001 BP1U1/1
MBAS, Calculated as LAS	<0.080		1	mg/L		04/17/2019 11:51	001 BP1U1/1

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

Laboratory Results

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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

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

Lab No. : 7086212002
Client Sample ID.: S-108066

Federal ID : 5103704
 Collected : 04/17/2019 09:28 AM Point S-108066
 Received : 04/17/2019 04:00 PM Location Well #4-2
 Collected By CLIENT

Analytical Method:EPA 353.2

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Nitrate as N	0.29		1	mg/L	10	04/17/2019 10:52	002 BP4U1/1
Nitrate-Nitrite (as N)	0.29		1	mg/L		04/17/2019 10:52	002 BP4U1/1

Analytical Method:EPA 353.2

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Nitrite as N	<0.050		1	mg/L	1	04/17/2019 8:02 PM	002 BP4U1/1

Qualifiers:

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Date Reported: 04/25/2019



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WorkOrder :
7086212

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



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WorkOrder :
7086212

Qualifiers

N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.

WO#: 7086212



Sample Request Form PUBLIC WATER SUPPLIER

ck- WELL OFF LINE

Date: 4-17-19

Collected By: W. Booth 4/17/19 WELL RUN TO SYSTEM

Accepted By: [Signature] 12:20

Cooler Temp: 2.7 °C YES NO VOC'S PRESERVED WITH HCl

Back 1600

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT
Address: PO. BOX 1013
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.
9:18 4-17-19	GW	WELL 4-2	AW	-	RO	0.0	6.69	BACT NOCL, MANG, IRON/	
9:19 4-17-19	GW	WELL 4-2	RW	-	RO	"	"	BACT NOCL, MANG, IRON/	
9:24 4-17-19	GW	WELL 4-2	RW	-	RO	"	"	BACT NOCL, MANG, IRON/	
9:39 4-17-19	GW	WELL 4-2	AW	-	RO	"	"	BACT NOCL, MANG, IRON/	
10:18 4-17-19	GW	WELL 4-2	RW	-	RO	"	"	BACT NOCL, MANG, IRON/	
10:30 4-17-19	GW	WELL 4-2	RW	-	RO	"	"	BACT NOCL, MANG, IRON/	
9:28 4-17-19	GW	well 4-2	RW	-	RO	"	"	IOC'S	001
								H/N NO3/NO2	002

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	

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Project

WO#: 7086212
 PM: SWM Due Date: 04/23/19
 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): 2.7 Cooler Temperature Corrected (°C): 2.7

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: 4/17/19

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 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 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 # <u>H085766</u>	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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: _____