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

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. : 7087821

Received :05/01/2019 4:30
Sample Type :Drinking Water

Date Reported: 05/02/2019

Lab	Location	Collected		E.coli	Total Coliforms	Field Residual
			Units	N/A	N/A	mg/L
			Metho	SM22 9223B Colilert	SM22 9223B Colilert	
			Limits	Absent	Absent	4
7087821001	HB27	5/1/2019 9:45:00 AM		**Absent**	**Absent**	**0.66**
Routine	Suffolk Cty. Hwy. Dept.	Collected by: CLIENT	Analysis Time	**5/2/2019 1:12:00 PM**	**5/2/2019 1:12:00 PM**	**5/1/2019 9:45:00 AM**
Distribution	North Hwy.					
7087821002	HB2	5/1/2019 8:15:00 AM		**Absent**	**Absent**	**0.84**
Routine	R. Loetscher	Collected by: CLIENT	Analysis Time	**5/2/2019 1:12:00 PM**	**5/2/2019 1:12:00 PM**	**5/1/2019 8:15:00 AM**
Distribution	Wakeman Rd.					
7087821003	HB3	5/1/2019 8:30:00 AM		**Absent**	**Absent**	**0.40**
Routine	U.S.C.G.	Collected by: CLIENT	Analysis Time	**5/2/2019 1:12:00 PM**	**5/2/2019 1:12:00 PM**	**5/1/2019 8:30:00 AM**
Distribution	Foster Ave.					
7087821004	HB4	5/1/2019 9:15:00 AM		**Absent**	**Absent**	**0.49**
Routine	H.B. Elem School	Collected by: CLIENT	Analysis Time	**5/2/2019 1:12:00 PM**	**5/2/2019 1:12:00 PM**	**5/1/2019 9:15:00 AM**
Distribution	Ponquogue Ave.					
7087821005	HB5	5/1/2019 8:45:00 AM		**Absent**	**Absent**	**0.57**
Routine	H.B. High School	Collected by: CLIENT	Analysis Time	**5/2/2019 1:12:00 PM**	**5/2/2019 1:12:00 PM**	**5/1/2019 8:45:00 AM**
Distribution	Argonne Rd.					
7087821006	HB6	5/1/2019 9:30:00 AM		**Absent**	**Absent**	**0.33**
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	**5/2/2019 1:12:00 PM**	**5/2/2019 1:12:00 PM**	**5/1/2019 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

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Federal ID : 5103704

Lab Project No. : 7087821

Received :05/01/2019 4:30
Sample Type :Drinking Water

Date Reported: 05/02/2019

Lab	Location	Collected		E.coli	Total Coliforms	Field Residual
			Units	N/A	N/A	mg/L
			Metho	SM22 9223B Colilert	SM22 9223B Colilert	
			Limits	Absent	Absent	4
7087821007	HB7	5/1/2019 10:00:00		**Absent**	**Absent**	**0.76**
Routine	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	**5/2/2019 1:12:00 PM**	**5/2/2019 1:12:00 PM**	**5/1/2019 10:00:00 AM**
Distribution						
7087821008	HB8	5/1/2019 10:15:00		**Absent**	**Absent**	**0.57**
Routine	B. McCormack	Collected by: CLIENT	Analysis Time	**5/2/2019 1:12:00 PM**	**5/2/2019 1:12:00 PM**	**5/1/2019 10:15:00 AM**
Distribution	Bittersweet Ave.					
7087821009	HB9	5/1/2019 8:00:00 AM		**Absent**	**Absent**	**0.49**
Routine	SO. Town Highway Dept.	Collected by: CLIENT	Analysis Time	**5/2/2019 1:12:00 PM**	**5/2/2019 1:12:00 PM**	**5/1/2019 8:00:00 AM**
Distribution	Jackson Ave.					
7087821010	HB10	5/1/2019 10:30:00		**Absent**	**Absent**	**0.73**
Routine	Pete's Deli	Collected by: CLIENT	Analysis Time	**5/2/2019 1:12:00 PM**	**5/2/2019 1:12:00 PM**	**5/1/2019 10:30:00 AM**
Distribution	Montauk Hwy. West					
7087821011	HB11	5/1/2019 10:45:00		**Absent**	**Absent**	**0.40**
Routine	Riverhead Building Supply	Collected by: CLIENT	Analysis Time	**5/2/2019 1:12:00 PM**	**5/2/2019 1:12:00 PM**	**5/1/2019 10:45:00 AM**
Distribution	Montauk Hwy. West					

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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WorkOrder :
7087821

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

Date Reported: 05/02/2019

WO#:7087821

7087821

Sample Request Form
PUBLIC WATER SUPPLIER

Date: 5-1-19

Collected By: G. VALENTINO

Accepted By: [signature]

Cooler Temp: 2.6 °C

C/SU 5/1/19 1300

Bact 1630

☐ WELL OFF LINE

☐ 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
- 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	Field Readings pH/Temp	Analysis	Lab No.
5-1-19 945	PW	#27	D	-	RO	.66	7.45	BACT w/cl	001
5-1-19 815	PW	#2	D	-	RO	.84	7.32	BACT w/cl	002
5-1-19 830	PW	#3	D	-	RO	.40	7.29	BACT w/cl	003
5-1-19 915	PW	#4	D	-	RO	.49	7.37	BACT w/cl	004
5-1-19 845	PW	#5	D	-	RO	.57	7.37	BACT w/cl	005
5-1-19 930	PW	#6	D	-	RO	.33	7.36	BACT w/cl	006
5-1-19 1000	PW	#7	D	-	RO	.76	7.41	BACT w/cl	007
5-1-19 1015	PW	#8	D	-	RO	.57	7.40	BACT w/cl	008
5-1-19 800	PW	#9	D	-	RO	.49	7.32	BACT w/cl	009
5-1-19 1030	PW	#10	D	-	RO	.73	7.45	BACT w/cl	010
5-1-19 1045	PW	#11	D	-	RO	.40	7.51	BACT w/cl	011

Remarks:

Pace Analytical
Long Island Laboratory

Sample Condition Upon Receipt

WO#: 7087821
PM: SWM Due Date: 05/31/19
CLIENT: HBW

Client Name: HBW

Projec

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): 2.6 Cooler Temperature Corrected (°C): 2.6

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: 5/1/19

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 orignate 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:	☑ Yes	☐ No		1.
Chain of Custody Filled Out:	☑ Yes	☐ No		2.
Chain of Custody Relinquished:	☑ Yes	☐ No		3.
Sampler Name & Signature on COC:	☑ Yes	☐ No	☐ N/A	4.
Samples Arrived within Hold Time:	☑ Yes	☐ No		5.
Short Hold Time Analysis (<72hr):	☑ Yes	☐ No		6.
Rush Turn Around Time Requested:	☐ Yes	☑ No		7.
Sufficient Volume: (Triple volume provided for MS/MSD)	☑ Yes	☐ No		8.
Correct Containers Used:	☑ Yes	☐ No		9.
-Pace Containers Used:	☑ Yes	☐ No		
Containers Intact:	☑ Yes	☐ No		10.
Filtered volume received for Dissolved tests	☐ Yes	☐ No	☑ N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	☑ Yes	☐ No		12.
-Includes date/time/ID/Analysis Matrix SL WT OIL				
All containers needing preservation have been checked	☐ Yes	☐ No	☑ N/A	13. ☐ HNO_3 ☐ H_2SO_4 ☐ NaOH ☐ HCl
pH paper Lot #				
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO_3, H_2SO_4, HCl, NaOH>9 Sulfide, NAOH>12 Cyanide) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis	☐ Yes	☐ No	☑ N/A	Sample #
				Initial when completed: / Lot # of added preservative: / Date/Time preservative added:
Samples checked for dechlorination:	☐ Yes	☐ No	☑ N/A	14.
KI starch test strips Lot #				
Residual chlorine strips Lot #				Positive for Res. Chlorine? Y N
Headspace in VOA Vials (>6mm):	☐ Yes	☐ No	☑ N/A	15.
Trip Blank Present:	☐ Yes	☐ No	☑ N/A	16.
Trip Blank Custody Seals Present	☐ Yes	☐ No	☑ N/A	
Pace Trip Blank Lot # (if applicable):				

Client Notification/ Resolution: Field Data Required? Y / N

Person Contacted: Date/Time:

Comments/ Resolution:

* PM (Project Manager) review is documented electronically in LIMS.