

## 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. : 7096356**

Received :07/03/2019 4:00  
 Sample Type :Drinking Water

Date Reported:07/05/2019

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>	SM22 9223B Colilert	SM22 9223B Colilert	
				Absent	Absent	4
<b>7096356001</b>	HB27	7/3/2019 10:19:00		<b>Absent</b>	<b>Absent</b>	<b>0.84</b>
Routine	Suffolk Cty. Hwy. Dept.	Collected by: CLIENT	Analysis Time	7/5/2019 12:08:00 PM	7/5/2019 12:08:00 PM	7/3/2019 10:19:00 AM
Distribution	North Hwy.					
<b>7096356002</b>	HB2	7/3/2019 8:15:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.57</b>
Routine	R. Loetscher	Collected by: CLIENT	Analysis Time	7/5/2019 12:08:00 PM	7/5/2019 12:08:00 PM	7/3/2019 8:15:00 AM
Distribution	Wakeman Rd.					
<b>7096356003</b>	HB3	7/3/2019 8:30:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.54</b>
Routine	U.S.C.G.	Collected by: CLIENT	Analysis Time	7/5/2019 12:08:00 PM	7/5/2019 12:08:00 PM	7/3/2019 8:30:00 AM
Distribution	Foster Ave.					
<b>7096356004</b>	HB4	7/3/2019 8:45:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.41</b>
Routine	H.B. Elem School	Collected by: CLIENT	Analysis Time	7/5/2019 12:08:00 PM	7/5/2019 12:08:00 PM	7/3/2019 8:45:00 AM
Distribution	Ponquogue Ave.					
<b>7096356005</b>	HB5	7/3/2019 9:00:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.39</b>
Routine	H.B. High School	Collected by: CLIENT	Analysis Time	7/5/2019 12:08:00 PM	7/5/2019 12:08:00 PM	7/3/2019 9:00:00 AM
Distribution	Argonne Rd.					
<b>7096356006</b>	HB6	7/3/2019 10:30:00		<b>Absent</b>	<b>Absent</b>	<b>0.68</b>
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	7/5/2019 12:08:00 PM	7/5/2019 12:08:00 PM	7/3/2019 10:30:00 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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Lab	Location	Collected	Units	<b>E.coli</b>	<b>Total Coliforms</b>	<b>Field Residual</b>
			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	Absent	Absent	4
<b>7096356007</b>	HB7	7/3/2019 10:45:00		<b>Absent</b>	<b>Absent</b>	<b>0.74</b>
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT	Analysis Time	<b>7/5/2019 12:08:00 PM</b>	<b>7/5/2019 12:08:00 PM</b>	<b>7/3/2019 10:45:00 AM</b>
<b>7096356008</b>	HB8	7/3/2019 9:30:00 AM		<b>Absent</b>	<b>Absent</b>	<b>1.05</b>
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT	Analysis Time	<b>7/5/2019 12:08:00 PM</b>	<b>7/5/2019 12:08:00 PM</b>	<b>7/3/2019 9:20:00 AM</b>
<b>7096356009</b>	HB9	7/3/2019 8:00:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.47</b>
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT	Analysis Time	<b>7/5/2019 12:08:00 PM</b>	<b>7/5/2019 12:08:00 PM</b>	<b>7/3/2019 8:00:00 AM</b>
<b>7096356010</b>	HB10	7/3/2019 10:00:00		<b>Absent</b>	<b>Absent</b>	<b>0.72</b>
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT	Analysis Time	<b>7/5/2019 12:08:00 PM</b>	<b>7/5/2019 12:08:00 PM</b>	<b>7/3/2019 10:00:00 AM</b>
<b>7096356011</b>	HB11	7/3/2019 9:45:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.64</b>
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT	Analysis Time	<b>7/5/2019 12:08:00 PM</b>	<b>7/5/2019 12:08:00 PM</b>	<b>7/3/2019 9:45:00 AM</b>

Result(s) reported meet(s) NYS Regulatory Limit(s).  
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<b>Treatments</b>	
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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](http://www.pacelabs.com)

**WorkOrder :**

7096356

## Laboratory Certifications

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**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#: 7096356



7096356

# Sample Request Form PUBLIC WATER SUPPLIER

*0/50*  WELL OFF LINE

Date: 7/3/19

Collected By: G. VALENTINO

Accepted By: [Signature]

Cooler Temp: 3.5 °C

7/3/19  WELL RUN TO SYSTEM

Back 1600  YES  NO VOC'S PRESERVED WITH HCl

### 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 <sub>2</sub>	pH/Temp	Analysis	Lab No.
7-3-19 1015	PW	#27	D	-	RO	.84	7.35	BACT w/ce	001
7-3-19 615	PW	#2	D	-	RO	.57	7.25	BACT w/ce	002
7-3-19 830	PW	#3	D	-	RO	.54	7.14	BACT w/ce, H/N	003
7-3-19 845	PW	#4	D	-	RO	.41	7.30	BACT w/ce	004
7-3-19 900	PW	#5	D	-	RO	.39	7.16	BACT w/ce	005
7-3-19 1030	PW	#6	D	-	RO	.68	7.11	BACT w/ce	006
7-3-19 1045	PW	#7	D	-	RO	.74	7.33	BACT w/ce	007
7-3-19 970	PW	#8	D	-	RO	1.05	7.20	BACT w/ce, H/N	008
7-3-19 800	PW	#9	D	-	RO	.47	7.98	BACT w/ce	009
7-3-19 1000	PW	#10	D	-	RO	.72	7.34	BACT w/ce	010
7-3-19 945	PW	#11	D	-	RO	.64	7.28	BACT w/ce	011

Remarks:

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 Condition Upon Receipt

Client Name: HBW

Project

WO#: 7096356

PM: SWM Due Date: 08/02/19

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: +0.2

Samples on ice, cooling process has begun

Cooler Temperature (°C): 3.5 Cooler Temperature Corrected (°C): 3.7

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: SW 8/13/19

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 <u>SL</u> <u>WT</u> <u>OIL</u>	
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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <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 <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_