

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. : 7097903

Received :07/17/2019 6:15
 Sample Type :Drinking Water

Date Reported:07/18/2019

Lab	Location	Collected	Units	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A	N/A	mg/L
			<u>Metho</u>	SM22 9223B Colilert	SM22 9223B Colilert	
			<u>Limits</u>	Absent	Absent	4
7097903001	HB12	7/17/2019 8:00:00		Absent	Absent	0.68
Routine	M. Layburn	Collected by: CLIENT	Analysis Time	7/18/2019 12:55:00	7/18/2019 12:55:00	7/17/2019 8:00:00 AM
Distribution	Squires Pond Rd.					
7097903002	HB13	7/17/2019 8:15:00		Absent	Absent	0.90
Routine	H.B. Bagel	Collected by: CLIENT	Analysis Time	7/18/2019 12:55:00	7/18/2019 12:55:00	7/17/2019 8:15:00 AM
Distribution	W. Montauk Hwy.					
7097903003	HB28	7/17/2019 8:30:00		Absent	Absent	0.47
Routine	Huebner	Collected by: CLIENT	Analysis Time	7/18/2019 12:55:00	7/18/2019 12:55:00	7/17/2019 8:30:00 AM
Distribution	Oakwood Rd.					
7097903004	HB29	7/17/2019 8:45:00		Absent	Absent	0.67
Routine	McFarland	Collected by: CLIENT	Analysis Time	7/18/2019 12:55:00	7/18/2019 12:55:00	7/17/2019 8:45:00 AM
Distribution	Ridgewood La.					
7097903005	HB16	7/17/2019 9:00:00		Absent	Absent	0.81
Routine	Spellman's Marine	Collected by: CLIENT	Analysis Time	7/18/2019 12:55:00	7/18/2019 12:55:00	7/17/2019 9:00:00 AM
Distribution	Rampasture Rd.					
7097903006	HB31	7/17/2019 9:15:00		Absent	Absent	0.83
Routine	C. Morgan	Collected by: CLIENT	Analysis Time	7/18/2019 12:55:00	7/18/2019 12:55:00	7/17/2019 9:15:00 AM
Distribution						

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>	SM22 9223B Colilert	SM22 9223B Colilert	
7097903007	HB25	7/17/2019 9:30:00		Absent	Absent	4
Routine	K. Springer		Analysis	Absent	Absent	1.06
Distribution	Maple Ave.	Collected by: CLIENT	Time	7/18/2019 12:55:00	7/18/2019 12:55:00	7/17/2019 9:30:00 AM
7097903008	HB33	7/17/2019 9:45:00		Absent	Absent	0.92
Routine	Rydberg; 8 Pawnee St.		Analysis	Absent	Absent	0.92
Distribution		Collected by: CLIENT	Time	7/18/2019 12:55:00	7/18/2019 12:55:00	7/17/2019 9:45:00 AM
7097903009	HB21	7/17/2019 10:00:00		Absent	Absent	0.90
Routine	H.B. Fire Dept.		Analysis	Absent	Absent	0.90
Distribution	Montauk Hwy.	Collected by: CLIENT	Time	7/18/2019 12:55:00	7/18/2019 12:55:00	7/17/2019 10:00:00
7097903010	HB5A	7/17/2019 10:15:00		Absent	Absent	0.75
Routine	Sunday's By The Bay		Analysis	Absent	Absent	0.75
Distribution	Dune Rd.	Collected by: CLIENT	Time	7/18/2019 12:55:00	7/18/2019 12:55:00	7/17/2019 10:15:00

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	
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575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

WorkOrder :

7097903

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#: 7097903



7097903

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Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 7-17-19

WELL RUN TO SYSTEM

Collected By: G. VALENTINO

Accepted By: [Signature]

Cooler Temp: 22 °C

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: _____

YES NO VOC'S PRESERVED WITH HCl

Back 1815

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.
7-17-19 800	PW	#12	D	-	RO	0.68 7.18	BACT w/col	001
7-17-19 815	PW	#13	D	-	RO	0.90 7.27	BACT w/col	002
7-17-19 830	PW	#28	D	-	RO	0.47 7.20	BACT w/col	003
7-17-19 845	PW	#29	D	-	RO	0.67 7.09	BACT w/col	004
7-17-19 900	PW	#16	D	-	RO	0.81 7.07	BACT w/col	005
7-17-19 915	PW	#31	D	-	RO	0.83 7.08	BACT w/col	006
7-17-19 930	PW	#25	D	-	RO	1.06 7.13	BACT w/col	007
7-17-19 945	PW	#33	D	-	RO	0.92 7.19	BACT w/col	008
7-17-19 1000	PW	#21	D	-	RO	0.90 7.14	BACT w/col	009
7-17-19 1015	PW	#5A	D	-	RO	0.75 7.24	BACT w/col	010

Remarks:



Sample Condition Upon Receipt

Client Name: _____ Pro: _____

WO#: 7097903

PM: SWM Due Date: 08/16/19

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: +0.2

Samples on ice, cooling process has begun

Cooler Temperature (°C): 2.4

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: CD 7/17/19

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 checked="" type="checkbox"/> Yes	<input 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 W</u> OIL			
All containers needing preservation have been checked	<input checked="" 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: _____

