

## 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. : 70115008**

Received : 12/11/2019 3:10  
 Sample Type : Drinking Water

Date Reported: 12/13/2019

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
<b>70115008001</b>	HB12	12/11/2019 8:00:00		<b>Absent</b>	<b>Absent</b>	<b>0.69</b>
Routine	M. Layburn	Collected by: CLIENT	Analysis Time	<b>12/12/2019 12:15:00</b>	<b>12/12/2019 12:15:00</b>	<b>12/11/2019 8:00:00</b>
Distribution	Squires Pond Rd.					
<b>70115008002</b>	HB13	12/11/2019 8:30:00		<b>Absent</b>	<b>Absent</b>	<b>0.89</b>
Routine	H.B. Bagel	Collected by: CLIENT	Analysis Time	<b>12/12/2019 12:15:00</b>	<b>12/12/2019 12:15:00</b>	<b>12/11/2019 8:30:00</b>
Distribution	W. Montauk Hwy.					
<b>70115008003</b>	HB28	12/11/2019 8:45:00		<b>Absent</b>	<b>Absent</b>	<b>0.82</b>
Routine	Huebner	Collected by: CLIENT	Analysis Time	<b>12/12/2019 12:15:00</b>	<b>12/12/2019 12:15:00</b>	<b>12/11/2019 8:49:00</b>
Distribution	Oakwood Rd.					
<b>70115008004</b>	HB29	12/11/2019 9:00:00		<b>Absent</b>	<b>Absent</b>	<b>0.68</b>
Routine	McFarland	Collected by: CLIENT	Analysis Time	<b>12/12/2019 12:15:00</b>	<b>12/12/2019 12:15:00</b>	<b>12/11/2019 9:00:00</b>
Distribution	Ridgewood La.					
<b>70115008005</b>	HB16	12/11/2019 9:15:00		<b>Absent</b>	<b>Absent</b>	<b>0.55</b>
Routine	Spellman's Marine	Collected by: CLIENT	Analysis Time	<b>12/12/2019 12:15:00</b>	<b>12/12/2019 12:15:00</b>	<b>12/11/2019 9:15:00</b>
Distribution	Rampasture Rd.					
<b>70115008006</b>	HB34	12/11/2019 9:30:00		<b>Absent</b>	<b>Absent</b>	<b>0.74</b>
Routine	Kappers; 23 Washington Ave.	Collected by: CLIENT	Analysis Time	<b>12/12/2019 12:15:00</b>	<b>12/12/2019 12:15:00</b>	<b>12/11/2019 9:30:00</b>
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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*Kimberley Mack*  
 Kimberley Mack

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Date Reported: 12/13/2019

Lab	Location	Collected	Units	E.coli	Total Coliforms	Field Residual
			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	SM22 9223B Colilert	SM22 9223B Colilert	
				Absent	Absent	4
<b>70115008007</b>	HB31	12/11/2019 9:45:00		<b>Absent</b>	<b>Absent</b>	<b>0.55</b>
Routine Distribution	C. Morgan	Collected by: CLIENT	Analysis Time	<b>12/12/2019 12:15:00</b>	<b>12/12/2019 12:15:00</b>	<b>12/11/2019 9:45:00</b>
<b>70115008008</b>	HB21	12/11/2019 10:15:00		<b>Absent</b>	<b>Absent</b>	<b>1.06</b>
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	<b>12/12/2019 12:15:00</b>	<b>12/12/2019 12:15:00</b>	<b>12/11/2019 10:15:00</b>
<b>70115008009</b>	HB5A	12/11/2019 10:30:00		<b>Absent</b>	<b>Absent</b>	<b>1.25</b>
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	<b>12/12/2019 12:15:00</b>	<b>12/12/2019 12:15:00</b>	<b>12/11/2019 10:30:00</b>
<b>70115008010</b>	HB23	12/11/2019 11:00:00		<b>Absent</b>	<b>Absent</b>	<b>0.91</b>
Routine Distribution	W. Booth Neptune Ave.	Collected by: CLIENT	Analysis Time	<b>12/12/2019 12:15:00</b>	<b>12/12/2019 12:15:00</b>	<b>12/11/2019 11:00:00</b>

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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*Kimberley Mack*  
 Kimberley Mack



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

**WorkOrder :**

70115008

## Laboratory Certifications

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**Pace Analytical Services Long Island**

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#: 70115008



70115008

747

# Sample Request Form PUBLIC WATER SUPPLIER

Bact in LAB 1510

WELL OFF LINE

WELL RUN TO SYSTEM

Date: 12-11-19

Collected By: K. J. TRIVALE

Accepted By: W. Kelly 12/11/19

Cooler Temp: 1300 °C

YES  NO VOC'S PRESERVED WITH HCl

### Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

P.O. BOX 1013

Address: HAMPTON BAYS, NEW YORK 11946

(631) 728-0179

Phone #: \_\_\_\_\_

Attr: \_\_\_\_\_

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		Analysis	Lab No.
						Cl <sub>2</sub>	pH/Temp		
12-11-19 600	PW	<del>#12</del> #10	D	-	RO	1.69	7.09	BACT w/lec	001
12-11-19 830	PW	#13	D	-	RO	1.69	7.21	BACT w/lec	002
12-11-19 845	PW	#28	D	-	RO	1.82	7.37	BACT w/lec	003
12-11-19 900	PW	#29	D	-	RO	1.68	7.29	BACT w/lec	004
12-11-19 915	PW	<del>#15</del> #16	D	-	RO	1.55	7.12	BACT w/lec	005
12-11-19 930	PW	<del>#16</del> #34	D	-	RO	1.74	7.22	BACT w/lec	006
12-11-19 945	PW	#31	D	-	RO	1.55	7.46	BACT w/lec	007
12-11-19	PW	#33	D	-	RO			BACT w/lec	---
12-11-19 1015	PW	#21	D	-	RO	1.06	7.06	BACT w/lec	008
12-11-19 1030	PW	#5A	D	-	RO	1.25	7.14	BACT w/lec	009
12-11-19 1100	PW	#23	D	-	RO	1.91	7.23	BACT w/lec	010
Remarks:									



# Sample Condition Upon Receipt

Client Name: HARPTON BAY WATER Proj

WO#: 70115008

PM: KMM Due Date: 01/10/20

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): 4.2

Cooler Temperature Corrected (°C): 4.4

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: SL 12/11/19

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 type="checkbox"/> Yes	<input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	12. <u>sample # 33 was not received</u>
-Includes date/time/ID/Analysis Matrix SL <input checked="" type="checkbox"/> WT OIL			
All containers needing preservation have been checked	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input 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 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 type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #			
Residual Chlorine strips Lot #			
Headspace in VQA Vials (>6mm):	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):			

Client Notification/ Resolution: \_\_\_\_\_

Field Data Required? Y / N

Person Contacted: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Comments/ Resolution: \_\_\_\_\_