

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 : Supt. McCuen
 Federal ID : 5103704

Lab Project No. : 70127488

Received :04/08/2020 4:00
 Sample Type :Drinking Water

Date Reported: 04/09/2020

Lab	Location	Collected	Units	E.coli	Total Coliforms	Field Residual
			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	Absent	Absent	4
70127488001	HB12	4/8/2020 7:30:00 AM		Absent	Absent	0.42
Routine	M. Layburn	Collected by: CLIENT	Analysis Time	4/9/2020 11:52:00 AM	4/9/2020 11:52:00 AM	4/8/2020 7:30:00 AM
Distribution	Squires Pond Rd.					
70127488002	HB13	4/8/2020 7:50:00 AM		Absent	Absent	0.74
Routine	H.B. Bagel	Collected by: CLIENT	Analysis Time	4/9/2020 11:52:00 AM	4/9/2020 11:52:00 AM	4/8/2020 7:50:00 AM
Distribution	W. Montauk Hwy.					
70127488003	HB28	4/8/2020 8:05:00 AM		Absent	Absent	0.78
Routine	Huebner	Collected by: CLIENT	Analysis Time	4/9/2020 11:52:00 AM	4/9/2020 11:52:00 AM	4/8/2020 8:05:00 AM
Distribution	Oakwood Rd.					
70127488004	HB29	4/8/2020 8:35:00 AM		Absent	Absent	0.59
Routine	McFarland	Collected by: CLIENT	Analysis Time	4/9/2020 11:52:00 AM	4/9/2020 11:52:00 AM	4/8/2020 8:35:00 AM
Distribution	Ridgewood La.					
70127488005	HB16	4/8/2020 9:20:00 AM		Absent	Absent	0.48
Routine	Spellman's Marine	Collected by: CLIENT	Analysis Time	4/9/2020 11:52:00 AM	4/9/2020 11:52:00 AM	4/8/2020 9:20:00 AM
Distribution	Rampasture Rd.					
70127488006	HB34	4/8/2020 9:50:00 AM		Absent	Absent	0.52
Routine	Kapper's; 23 Washington Ave	Collected by: CLIENT	Analysis Time	4/9/2020 11:52:00 AM	4/9/2020 11:52:00 AM	4/8/2020 9:50:00 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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Kimberley Mack
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			<u>Metho</u>	N/A	N/A	mg/L
			<u>Limits</u>	SM22 9223B Colilert	SM22 9223B Colilert	
				Absent	Absent	4
70127488007	HB31	4/8/2020 8:50:00 AM		Absent	Absent	0.61
Routine Distribution		Collected by: CLIENT	Analysis Time	4/9/2020 11:52:00 AM	4/9/2020 11:52:00 AM	4/8/2020 8:50:00 AM
70127488008	HB33	4/8/2020 8:20:00 AM		Absent	Absent	0.48
Routine Distribution	Rydberg; 8 Pawnee St.	Collected by: CLIENT	Analysis Time	4/9/2020 11:52:00 AM	4/9/2020 11:52:00 AM	4/8/2020 8:20:00 AM
70127488009	HB21	4/8/2020 9:35:00 AM		Absent	Absent	0.43
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	4/9/2020 11:52:00 AM	4/9/2020 11:52:00 AM	4/8/2020 9:35:00 AM
70127488010	HB5A	4/8/2020 9:05:00 AM		Absent	Absent	0.30
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	4/9/2020 11:52:00 AM	4/9/2020 11:52:00 AM	4/8/2020 9:05:00 AM

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

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Kimberley Mack



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

WorkOrder :

70127488

Laboratory Certifications

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#: 70127488



70127488

Y 11747
3436

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 4-8-20

WELL RUN TO SYSTEM

Collected By: K. TOTHILL
Accepted By: [Signature]
Cooler Temp: 2.6 °C

Client Info: HAMPTON BAYS WATER DISTRICT
P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946
Address: (631) 728-0179

Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____

YES NO VOC'S PRESERVED WITH HCl

Back 1600

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.
7:30 AM 4-8-20	PW	#12	D	-	RO	.42 7.99	BACT w/ccl	
7:50 AM 4-8-20	PW	#13	D	-	RO	.74 7.84	BACT w/ccl	
8:05 AM 4-8-20	PW	#28	D	-	RO	.78 7.81	BACT w/ccl	
8:55 AM 4-8-20	PW	#28 #29	D	-	RO	.59 7.54	BACT w/ccl	
9:20 AM 4-8-20	PW	#16	D	-	RO	.48 7.55	BACT w/ccl	
9:55 AM 4-8-20	PW	#34	D	-	RO	.52 7.48	BACT w/ccl	
4-8-20	PW	#31	D	-	RO	.61 7.49	BACT w/ccl	
9:20 AM 4-8-20	PW	#33	D	-	RO	.48 7.41	BACT w/ccl	
9:55 AM 4-8-20	PW	#21	D	-	RO	.43 7.28	BACT w/ccl	
7:05 AM 4-8-20	PW	#5A	D	-	RO	.30 7.05	BACT w/ccl	

Remarks:



Sample Condition Upon Receipt

WO#: 70127488

Client Name:

HBW

PM: KMM

Due Date: 05/08/20

CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No

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): 2.6

Cooler Temperature Corrected (°C): 2.8

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 4/8/20

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 <input checked="" type="checkbox"/> OIL		
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 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	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		Initial when completed: Lot # of added preservative: Date/Time preservative added
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #		Positive for Res. Chlorine? Y N
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: _____
