



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

**Sample Information:**

Type: Drinking Water  
 Origin: Raw Well  
 Routine

**Hampton Bays Water District**  
**P.O. Box 1013**  
**Hampton Bays, NY 11946**

**Lab No. : 70134119001**  
**Client Sample ID.: S-15687**

**Attn To :** Supt. McCuen  
 Federal ID : 5103704  
 Collected : 06/10/2020 08:30 AM Point S-15687  
 Received : 06/10/2020 04:30 PM Location Well #1-1  
 Collected By CLIENT

Analytical Method:EPA 200.7

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Iron	<0.020		1	mg/L	0.3	06/15/2020 6:39 PM	001 BP4N1/1
Manganese	0.042		1	mg/L	0.3	06/15/2020 6:39 PM	001 BP4N1/1

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.  
 ND - Not Detected at or above adjusted reporting limit.  
 J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range  
 U - Indicates the compound was analyzed for, but not detected

Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.

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Result(s) reported meet(s) NYS Regulatory Limit(s).  
 Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 06/16/2020



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 Origin: Raw Well  
 Routine

**Hampton Bays Water District**  
**P.O. Box 1013**  
**Hampton Bays, NY 11946**

**Lab No. : 70134119002**  
**Client Sample ID.: S-24848**

**Attn To :** Supt. McCuen  
 Federal ID : 5103704  
 Collected : 06/10/2020 08:20 AM Point S-24848  
 Received : 06/10/2020 04:30 PM Location Well #1-2  
 Collected By CLIENT

Analytical Method:EPA 200.7

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Iron	<0.020		1	mg/L	0.3	06/15/2020 6:40 PM	002 BP4N1/1
Manganese	0.30		1	mg/L	0.3	06/15/2020 6:40 PM	002 BP4N1/1

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 Origin: Raw Well  
 Routine

**Hampton Bays Water District**  
**P.O. Box 1013**  
**Hampton Bays, NY 11946**

**Lab No. : 70134119003**  
**Client Sample ID.: S-31636**

**Attn To :** Supt. McCuen  
 Federal ID : 5103704  
 Collected : 06/10/2020 07:55 AM Point S-31636  
 Received : 06/10/2020 04:30 PM Location Well #1-3  
 Collected By CLIENT

Analytical Method:EPA 200.7

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Iron	<0.020		1	mg/L	0.3	06/15/2020 6:41 PM	003 BP4N1/1
Manganese	0.012		1	mg/L	0.3	06/15/2020 6:41 PM	003 BP4N1/1

Qualifiers:

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**Sample Information:**

Type: Drinking Water  
 Origin: Raw Well  
 Routine

**Hampton Bays Water District**  
**P.O. Box 1013**  
**Hampton Bays, NY 11946**

**Lab No. : 70134119004**  
**Client Sample ID.: S-108065**

**Attn To :** Supt. McCuen  
 Federal ID : 5103704  
 Collected : 06/10/2020 10:30 AM Point S-108065  
 Received : 06/10/2020 04:30 PM Location Well #4-1  
 Collected By CLIENT

Analytical Method:EPA 200.7

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Iron	<b>0.48*</b>		1	mg/L	0.3	06/15/2020 6:42 PM	004 BP4N1/1
Manganese	0.10		1	mg/L	0.3	06/15/2020 6:42 PM	004 BP4N1/1

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**Sample Information:**

Type: Drinking Water  
 Origin: Raw Well  
 Routine

**Hampton Bays Water District**  
**P.O. Box 1013**  
**Hampton Bays, NY 11946**

**Lab No. : 70134119005**  
**Client Sample ID.: S-108066**

**Attn To :** Supt. McCuen  
 Federal ID : 5103704  
 Collected : 06/10/2020 09:15 AM Point S-108066  
 Received : 06/10/2020 04:30 PM Location Well #4-2  
 Collected By CLIENT

Analytical Method:EPA 200.7

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Iron	<b>0.44*</b>		1	mg/L	0.3	06/15/2020 6:43 PM	005 BP4N1/1
Manganese	0.10		1	mg/L	0.3	06/15/2020 6:43 PM	005 BP4N1/1

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**Sample Information:**

Type: Drinking Water  
 Origin: Distribution  
 Routine

**Hampton Bays Water District**  
**P.O. Box 1013**  
**Hampton Bays, NY 11946**

**Lab No. : 70134119006**  
**Client Sample ID.: BLEND INF**

**Attn To :** Supt. McCuen  
 Federal ID : 5103704  
 Collected : 06/10/2020 08:11 AM Point BLEND INF  
 Received : 06/10/2020 04:30 PM Location  
 Collected By CLIENT

Analytical Method:EPA 200.7

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Iron	<0.020		1	mg/L	0.3	06/15/2020 6:44 PM	006 BP4N1/1
Manganese	0.082		1	mg/L	0.3	06/15/2020 6:44 PM	006 BP4N1/1

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.  
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**Sample Information:**

Type: Drinking Water  
 Origin: Effluent  
 Routine

**Hampton Bays Water District**  
**P.O. Box 1013**  
**Hampton Bays, NY 11946**

**Lab No. : 70134119007**  
**Client Sample ID.: BLEND EFF**

**Attn To :** Supt. McCuen  
 Federal ID : 5103704  
 Collected : 06/10/2020 08:05 AM Point BLEND EFF  
 Received : 06/10/2020 04:30 PM Location  
 Collected By CLIENT

Analytical Method:EPA 200.7

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Iron	<0.020		1	mg/L	0.3	06/15/2020 6:45 PM	007 BP4N1/1
Manganese	<0.010		1	mg/L	0.3	06/15/2020 6:45 PM	007 BP4N1/1

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.  
 ND - Not Detected at or above adjusted reporting limit.  
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**WorkOrder :**  
70134119

## 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#: 70134119



70134119

**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 Info:**

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl <sub>2</sub> pH/Temp	Analysis	Lab No.
8:30 AM 6-10-20	GW	WELL 1-1	RW	-	RO	5.89/14.8°C	IOE, PFE, NIN, I/m	001
8:40 AM 6-10-20	GW	WELL 1-2	RW	-	RO	6.03/14.4°C	IOE, PFC, NIN, I/m	002
7:55 AM 6-10-20	GW	WELL 1-3	RW	-	RO	6.06/15.9°C	IOE, PFC, NIN, I/m	003
8:45 AM 6-10-20	FW	WELL 2-1	RW	-	RO	6.44/13.8°C	IOE, BACT	
8:55 AM 6-10-20	GW	WELL 2-2	RW	-	RO	6.37/13.6°C	IOE	
10:05 AM 6-10-20	GW	WELL 3-1	RW	-	RO	6.41/13.2°C	IOE	
9:45 AM 6-10-20	GW	WELL 3-2	RW	-	RO	6.29/14.3°C	IOE	
10:21 AM 6-10-20	GW	WELL 3-3	RW	-	RO	6.31/13.3°C	IOE	
9:30 AM 6-10-20	GW	WELL 4-1	RW	-	RO	6.24/13.7°C	IOE, I/m	004
9:15 AM 6-10-20	GW	WELL 4-2	RW	-	RO	6.46/14.4°C	IOE, I/m	005
10:35 AM 6-10-20	GW	WELL 5-1	RW	-	RO	6.23/13.6°C	IOE	
Remarks: 11 AM 6-10-20	GW	BLEND LINE	RW	-	RO		N/A, I/m, PFC	006
9:30 AM 6-10-20	FW	BLEND EFF	D	-	RO		N/A, I/m, PFC	007

**Sample Request Form  
 PUBLIC WATER SUPPLIER**

Baell in LAB 1630

WELL OFF LINE

WELL RUN TO SYSTEM

Date: 6-10-20

Collected By: W BOOTH

Accepted By: W Kelly et al

Cooler Temp: 2.6 °C

YES  NO VOC'S PRESERVED WITH HCl

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	

6-10-20 RW BLEND EFF



# Sample Condition Upon Receipt

Client Name: Yampston Bay's Water

Project

**WO#: 70134119**  
PM: KMM Due Date: 06/16/20  
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: TH09 Correction Factor: +0.2

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

Temp should be above freezing to 6.0°C

USDA Regulated Soil ( N/A, water sample)

Date and Initials of person examining contents: 06/10/20

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 type="checkbox"/> Yes	<input checked="" 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	10.
Containers Intact:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	11. Note if sediment is visible in the dissolved container.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	12.
Sample Labels match COC:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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 Sample # Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
-Includes date/time/ID/Analysis Matrix SL WT OIL	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing preservation have been checked	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	
pH paper Lot # <u>HC998032</u>			
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	
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): _____			

Field Data Required? Y / N

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

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

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

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

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