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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 requested.

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946
Attn To : Rob King
 Federal ID : 5103704

Lab Project No. : 7042969

Received :02/14/2018 4:10
 Sample Type :Drinking Water

Date Reported:02/16/2018

Lab Number	Location	Collected	Units Method Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual Chlorine</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
7042969001	HB27 Routine Suffolk Cty. Hwy. Dept. Distribution North Hwy.	2/14/2018 9:25:00 Collected by: CLIENT	Analysis Time	Absent 2/15/2018 12:00:00	Absent 2/15/2018 12:00:00	0.52 2/14/2018 9:25:00 AM
7042969002	HB2 Routine R. Loetscher Distribution Wakeman Rd.	2/14/2018 7:45:00 Collected by: CLIENT	Analysis Time	Absent 2/15/2018 12:00:00	Absent 2/15/2018 12:00:00	0.47 2/14/2018 7:45:00 AM
7042969003	HB3 Routine U.S.C.G. Distribution Foster Ave.	2/14/2018 8:04:00 Collected by: CLIENT	Analysis Time	Absent 2/15/2018 12:00:00	Absent 2/15/2018 12:00:00	0.38 2/14/2018 8:04:00 AM
7042969004	HB4 Routine H.B. Elem School Distribution Ponquogue Ave.	2/14/2018 8:20:00 Collected by: CLIENT	Analysis Time	Absent 2/15/2018 12:00:00	Absent 2/15/2018 12:00:00	0.58 2/14/2018 8:20:00 AM
7042969005	HB5 Routine H.B. High School Distribution Argonne Rd.	2/14/2018 8:51:00 Collected by: CLIENT	Analysis Time	Absent 2/15/2018 12:00:00	Absent 2/15/2018 12:00:00	0.66 2/14/2018 8:51:00 AM
7042969006	HB6 Routine Strong Oil Distribution Montauk Hwy. East	2/14/2018 9:07:00 Collected by: CLIENT	Analysis Time	Absent 2/15/2018 12:00:00	Absent 2/15/2018 12:00:00	0.61 2/14/2018 9:07:00 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 Tower	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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Date Reported:02/16/2018

Lab Number	Location	Collected	Units	E.coli	Total Coliforms	Field Residual Chlorine
			Method	N/A	N/A	mg/L
			Limits	Absent	Absent	4
7042969007	HB7	2/14/2018 9:40:00	Analysis Time	Absent	Absent	0.46
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT		2/15/2018 12:00:00	2/15/2018 12:00:00	2/14/2018 9:40:00 AM
7042969008	HB8	2/14/2018 9:55:00	Analysis Time	Absent	Absent	0.76
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT		2/15/2018 12:00:00	2/15/2018 12:00:00	2/14/2018 9:55:00 AM
7042969009	HB9	2/14/2018 7:30:00	Analysis Time	Absent	Absent	0.39
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT		2/15/2018 12:00:00	2/15/2018 12:00:00	2/14/2018 7:30:00 AM
7042969010	HB10	2/14/2018 10:10:00	Analysis Time	Absent	Absent	0.61
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT		2/15/2018 12:00:00	2/15/2018 12:00:00	2/14/2018 10:10:00
7042969011	HB11	2/14/2018 10:30:00	Analysis Time	Absent	Absent	0.49
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT		2/15/2018 12:00:00	2/15/2018 12:00:00	2/14/2018 10:30:00

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

Treatments	
A = Air Stripper Tower	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
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575 Broad Hollow Road, Melville, NY 11747

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

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WorkOrder :

7042969

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#: 7042969



7042969 1007/07 0040 Fax: 1031/420-8436

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Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

WELL RUN TO SYSTEM

Date: 2-13-18

Collected By: K. TUTTILL

Accepted By: [Signature]

Cooler Temp: 2.6 °C

YES NO VOC'S PRESERVED WITH HCl

Back 16/6

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:

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	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	pH/Temp	Analysis	Lab No.
9:25AM 2-13-18	PW	#27	D	-	RO	.52	7.02	BACT w/ccl	001
7:45AM 2-13-18	PW	#2	D	-	RO	.47	7.22	BACT w/ccl	002
9:04AM 2-13-18	PW	#3	D	-	RO	.38	7.06	BACT w/ccl	003
8:20AM 2-13-18	PW	#4	D	-	RO	.58	7.03	BACT w/ccl	004
8:51AM 2-13-18	PW	#5	D	-	RO	.66	7.02	BACT w/ccl	005
9:07AM 2-13-18	PW	#6	D	-	RO	.61	7.03	BACT w/ccl	006
9:40AM 2-13-18	PW	#7	D	-	RO	.46	7.07	BACT w/ccl	007
9:55AM 2-13-18	PW	#8	D	-	RO	.70	7.05	BACT w/ccl	008
7:30AM 2-13-18	PW	#9	D	-	RO	.39	7.24	BACT w/ccl	009
10:16AM 2-13-18	PW	#10	D	-	RO	.61	7.04	BACT w/ccl	010
10:30AM 2-13-18	PW	#11	D	-	RO	.49	7.00	BACT w/ccl	010
Remarks:									
8:35AM 2-13-18	PW	B-ANGELONE 17 KING ST.	D	-	S	.36	7.18	metals	

WO#: 7042969

PM: SWM Due Date: 03/16/18

CLIENT: HBW

Sample Condition Upon Receipt

Client Name: HBW

Project #

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

Type of Ice: Wet Blue Nonc

Thermometer Used: TH002 Correction Factor: +0.0

Samples on ice, cooling process has begun

Cooler Temperature (°C): 2.6 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: ED 2/14/18

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 WT 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	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
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: _____