



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 requested.

### Sample Information:

Type: Drinking Water  
 Origin: Raw Well  
 Special

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

**Lab No. : 7066406001**  
**Client Sample ID.: S-108065**

Federal ID : 5103704  
 Collected : 10/01/2018 10:31 AM Point No: S-108065  
 Received : 10/01/2018 03:45 PM Location: Well #4-1  
 Collected By : CLIENT

Analytical Method: EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.94*		1	mg/L	0.3	10/02/2018 11:52	001 BP4N1/1
Manganese	0.15		1	mg/L	0.3	10/02/2018 11:52	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

Stu Murrell

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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

Date Reported: 10/03/2018



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### Sample Information:

Type: Drinking Water  
 Origin: Raw Well  
 Special

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

**Lab No. : 7066406002**  
**Client Sample ID.: S-108066**

Federal ID : 5103704  
 Collected : 10/01/2018 10:33 AM Point No: S-108066  
 Received : 10/01/2018 03:45 PM Location: Well #4-2  
 Collected By : CLIENT

Analytical Method: EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.49*		1	mg/L	0.3	10/02/2018 11:56	002 BP4N1/1
Manganese	0.061		1	mg/L	0.3	10/02/2018 11:56	002 BP4N1/1

Qualifiers:

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## Laboratory Results

Results for the samples and analytes requested  
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### Sample Information:

Type: Drinking Water  
 Origin: Distribution  
 Special

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

Lab No. : 7066406003  
 Client Sample ID.: COMB. ENTRY POINT

Federal ID : 5103704  
 Collected : 10/01/2018 10:33 AM Point No:  
 Received : 10/01/2018 03:45 PM Location:  
 Collected By : CLIENT

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.73*		1	mg/L	0.3	10/02/2018 12:00	003 BP4N1/1
Manganese	0.10		1	mg/L	0.3	10/02/2018 12:00	003 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  
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**WorkOrder :**  
7066406

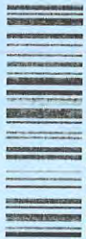
## Laboratory Certifications

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### **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#: 7066406



7066406

# Sample Request Form PUBLIC WATER SUPPLIER

Date: 10-1-18

Collected By: W. B. ...

Accepted By: ...

Cooler Temp: 2.8 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

### 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: 10:31  
10-1-18  
Sample Type: GW  
Location: WELL 4-1

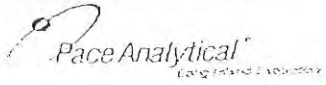
Date/Time Collected: 10:33  
10-1-18  
Sample Type: GW  
Location: WELL 4-2

Date/Time Collected: 10:35  
10-1-18  
Sample Type: RW  
Location: COMB. ENTRY POINT D

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 <sub>2</sub>	pH/Temp	Analysis	Lab No.
10:31 10-1-18	GW	WELL 4-1	RW	-	S			IRON, MANG.	001
10:33 10-1-18	GW	WELL 4-2	RW	-	S			IRON, MANG.	002
10:35 10-1-18	RW	COMB. ENTRY POINT D	D	-	S	102	7.23 15.90C	IRON, MANG.	003

Remarks: STU- REMEMBER THAT I NEED A RUSH ON THESE  
NEED BY WED. AFTERNOON. THX- WATTEN



Sample Condition Upon Receipt

WO#: 7066406  
PM: SWM Due Date: 10/09/18  
CLIENT: HBW

Client Name: 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  
Temperature Blank Present:  Yes  No

Thermometer Used: TH091 Correction Factor: 0.0  
Cooler Temperature (°C): 2.8 Cooler Temperature Corrected (°C): 2.8  
Type of Ice:  Wet  Blue  None

Temp should be above freezing to 6.0°C  
Date/Time 5035A kits placed in freezer \_\_\_\_\_  
Date and Initials of person examining contents: Ed 10/1/18

USDA Regulated Soil ( N/A, water sample)  
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.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	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 checked="" 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 # <u>HC857446</u>				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 checked="" 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 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 checked="" type="checkbox"/> No	<input 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

Client Notification/ Resolution: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

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

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