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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. : 7071050

Received : 11/14/2018 5:20
 Sample Type : Drinking Water

Date Reported: 11/15/2018

Lab Number	Location	Collected	Units	E.coli	Total Coliforms	Field Residual Chlorine
			Method	N/A	N/A	mg/L
			Limits	SM22 9223B Colilert	SM22 9223B Colilert	
7071050001	HB12	11/14/2018 7:30:00		Absent	Absent	0.49
Routine	M. Layburn	Collected by: CLIENT	Analysis Time	11/15/2018 1:38:00	11/15/2018 1:38:00	11/14/2018 7:30:00
Distribution	Squires Pond Rd.					
7071050002	HB13	11/14/2018 7:45:00		Absent	Absent	0.47
Routine	H.B. Bagel	Collected by: CLIENT	Analysis Time	11/15/2018 1:38:00	11/15/2018 1:38:00	11/14/2018 7:45:00
Distribution	W. Montauk Hwy.					
7071050003	HB28	11/14/2018 8:00:00		Absent	Absent	0.48
Routine	Huebner	Collected by: CLIENT	Analysis Time	11/15/2018 1:38:00	11/15/2018 1:38:00	11/14/2018 8:00:00
Distribution	Oakwood Rd.					
7071050004	HB29	11/14/2018 8:15:00		Absent	Absent	0.46
Routine	McFarland	Collected by: CLIENT	Analysis Time	11/15/2018 1:38:00	11/15/2018 1:38:00	11/14/2018 8:15:00
Distribution	Ridgewood La.					
7071050005	HB16	11/14/2018 8:30:00		Absent	Absent	0.36
Routine	Spellman's Marine	Collected by: CLIENT	Analysis Time	11/15/2018 1:38:00	11/15/2018 1:38:00	11/14/2018 8:30:00
Distribution	Rampasture Rd.					
7071050006	HB31	11/14/2018 8:50:00		Absent	Absent	0.48
Routine	C. Morgan	Collected by: CLIENT	Analysis Time	11/15/2018 1:38:00	11/15/2018 1:38:00	11/14/2018 8:50:00
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 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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 Sample Type : Drinking Water

Date Reported: 11/15/2018

Lab Number	Location	Collected	Units	E.coli	Total Coliforms	Field Residual Chlorine
			Method	N/A	N/A	mg/L
			Limits	Absent	Absent	4
7071050007	HB25	11/14/2018 9:20:00		Absent	Absent	0.32
Routine	K. Springer	Collected by: CLIENT	Analysis Time	11/15/2018 1:38:00	11/15/2018 1:38:00	11/14/2018 9:20:00
Distribution	Maple Ave.					
7071050008	HB5A	11/14/2018 9:05:00		Absent	Absent	1.08
Routine	Sunday's By The Bay	Collected by: CLIENT	Analysis Time	11/15/2018 1:38:00	11/15/2018 1:38:00	11/14/2018 9:05:00
Distribution	Dune Rd.					
7071050009	HB21	11/14/2018 9:35:00		Absent	Absent	0.54
Routine	H.B. Fire Dept.	Collected by: CLIENT	Analysis Time	11/15/2018 1:38:00	11/15/2018 1:38:00	11/14/2018 9:35:00
Distribution	Montauk Hwy.					
7071050010	HB19	11/14/2018 9:50:00		Absent	Absent	0.58
Routine	J. Warner	Collected by: CLIENT	Analysis Time	11/15/2018 1:38:00	11/15/2018 1:38:00	11/14/2018 10:50:00
Distribution	Canoe PI Rd.					

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

Treatments	
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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
www.pacelabs.com

WorkOrder :

7071050

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#: 7071050



7071050

NY 11747
3436

Sample Request Form PUBLIC WATER SUPPLIER

Date: 11-14-18

Collected By: *[Signature]*

Accepted By: *[Signature]*

Cooler Temp: 3.4 °C

WELL OFF LINE

WELL RUN TO SYSTEM

11/14/18
1525

YES NO VOC'S PRESERVED WITH HCl
Back 1720

Client Info:

HAMPTON BAYS WATER DISTRICT
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.
7:30 AM 11-14-18	PW	#12	D	-	RO	.49	7.67	BACT w/ccl	001
7:45 AM 11-14-18	PW	#13	D	-	RO	.47	7.47	BACT w/ccl	002
8:00 AM 11-14-18	PW	#28	D	-	RO	.48	7.31	BACT w/ccl	003
8:15 AM 11-14-18	PW	#29	D	-	RO	.46	7.35	BACT w/ccl	004
8:30 AM 11-14-18	PW	#16	D	-	RO	.36	7.36	BACT w/ccl	005
8:50 AM 11-14-18	PW	#31	D	-	RO	.48	7.37	BACT w/ccl	006
9:20 AM 11-14-18	PW	#25	D	-	RO	.32	7.54	BACT w/ccl	007
9:50 AM 11-14-18	PW	#5A	D	-	RO	1.08	7.45	BACT w/ccl	008
9:35 AM 11-14-18	PW	#21	D	-	RO	1.54	7.54	BACT w/ccl	009
9:50 AM 11-14-18	PW	#19	D	-	RO	.58	7.55	BACT w/ccl	010
11-14-18	GW	WELL 54	RW	-	S			<i>[Signature]</i>	

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Proj **WO# : 7071050**
 PM: SWM Due Date: 12/14/18
 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: 0.0

Samples on ice, cooling process has begun

Cooler Temperature (°C): 3.4 Cooler Temperature Corrected (°C): 3.4

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: 12/14/18

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 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 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 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) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis	<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: _____
Samples checked for dechlorination: KI starch test strips Lot #	<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: _____