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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. : 7047216

Received :04/04/2018 4:15
 Sample Type :Drinking Water

Date Reported: 04/05/2018

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	
7047216001	HB27	4/4/2018 9:15:00 AM		Absent	Absent	4
Routine	Suffolk Cty. Hwy. Dept.	Collected by: CLIENT	Analysis Time	Absent	Absent	0.71
Distribution	North Hwy.			4/5/2018 3:00:00 PM	4/5/2018 3:00:00 PM	4/4/2018 9:15:00 AM
7047216002	HB2	4/4/2018 7:45:00 AM		Absent	Absent	0.72
Routine	R. Loetscher	Collected by: CLIENT	Analysis Time	Absent	Absent	0.72
Distribution	Wakeman Rd.			4/5/2018 3:00:00 PM	4/5/2018 3:00:00 PM	4/4/2018 7:45:00 AM
7047216003	HB3	4/4/2018 8:00:00 AM		Absent	Absent	0.55
Routine	U.S.C.G.	Collected by: CLIENT	Analysis Time	Absent	Absent	0.55
Distribution	Foster Ave.			4/5/2018 3:00:00 PM	4/5/2018 3:00:00 PM	4/4/2018 8:00:00 AM
7047216004	HB4	4/4/2018 8:30:00 AM		Absent	Absent	0.51
Routine	H.B. Elem School	Collected by: CLIENT	Analysis Time	Absent	Absent	0.51
Distribution	Ponquogue Ave.			4/5/2018 3:00:00 PM	4/5/2018 3:00:00 PM	4/4/2018 8:30:00 AM
7047216005	HB5	4/4/2018 8:45:00 AM		Absent	Absent	0.51
Routine	H.B. High School	Collected by: CLIENT	Analysis Time	Absent	Absent	0.51
Distribution	Argonne Rd.			4/5/2018 3:00:00 PM	4/5/2018 3:00:00 PM	4/4/2018 8:45:00 AM
7047216006	HB6	4/4/2018 9:00:00 AM		Absent	Absent	0.53
Routine	Strong Oil	Collected by: CLIENT	Analysis Time	Absent	Absent	0.53
Distribution	Montauk Hwy. East			4/5/2018 3:00:00 PM	4/5/2018 3:00:00 PM	4/4/2018 9:00:00 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



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

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Lab Project No. : 7047216

Received :04/04/2018 4:15
 Sample Type :Drinking Water

Date Reported: 04/05/2018

Lab Number	Location	Collected	Units	E.coli	Total Coliforms	Field Residual Chlorine
7047216007	HB7 Routine Distribution SO. Town Parks & Rec	4/4/2018 9:30:00 AM Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 4/5/2018 3:00:00 PM	Absent 4/5/2018 3:00:00 PM	0.60 4/4/2018 9:30:00 AM
7047216008	HB8 Routine Distribution B. McCormack Bittersweet Ave.	4/4/2018 9:45:00 AM Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 4/5/2018 3:00:00 PM	Absent 4/5/2018 3:00:00 PM	0.77 4/4/2018 9:45:00 AM
7047216009	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	4/4/2018 7:30:00 AM Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 4/5/2018 3:00:00 PM	Absent 4/5/2018 3:00:00 PM	0.84 4/4/2018 7:30:00 AM
7047216010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	4/4/2018 10:00:00 Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 4/5/2018 3:00:00 PM	Absent 4/5/2018 3:00:00 PM	0.68 4/4/2018 10:00:00 AM
7047216011	HB11 Routine Distribution Riverhead Building Supply Montauk Hwy. West	4/4/2018 10:20:00 Collected by: CLIENT	Method Limits SM22 9223B Colilert Absent	N/A Absent	N/A Absent	mg/L 4
			Analysis Time	Absent 4/5/2018 3:00:00 PM	Absent 4/5/2018 3:00:00 PM	0.62 4/4/2018 10:20:00 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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WorkOrder :

7047216

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#: 7047216



7047216

147

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 4-4-18

Collected By: K. TUTHILL

Accepted By: [Signature]

Cooler Temp: 3.5 °C

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

4/4/18
1315
Back At 1615

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	Field Readings pH/Temp	Analysis	Lab No.
<u>8:15 AM</u> <u>4-4-18</u>	<u>PW</u>	<u>#27</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.71</u>	<u>7.54</u>	<u>BACT w/c</u>	<u>-</u>
<u>7:45 AM</u> <u>4-4-18</u>	<u>PW</u>	<u>#2</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.72</u>	<u>7.43</u>	<u>BACT w/c</u>	<u>-</u>
<u>8:00 AM</u> <u>4-4-18</u>	<u>PW</u>	<u>#3</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.55</u>	<u>7.39</u>	<u>BACT w/c</u>	<u>-</u>
<u>8:30 AM</u> <u>4-4-18</u>	<u>PW</u>	<u>#4</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.51</u>	<u>7.07</u>	<u>BACT w/c</u>	<u>-</u>
<u>8:45 AM</u> <u>4-4-18</u>	<u>PW</u>	<u>#5</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.51</u>	<u>7.18</u>	<u>BACT w/c</u>	<u>-</u>
<u>9:00 AM</u> <u>4-4-18</u>	<u>PW</u>	<u>#6</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.53</u>	<u>7.44</u>	<u>BACT w/c</u>	<u>-</u>
<u>9:30 AM</u> <u>4-4-18</u>	<u>PW</u>	<u>#7</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.60</u>	<u>7.24</u>	<u>BACT w/c</u>	<u>-</u>
<u>9:45 AM</u> <u>4-4-18</u>	<u>PW</u>	<u>#8</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.77</u>	<u>7.32</u>	<u>BACT w/c</u>	<u>-</u>
<u>7:30 AM</u> <u>4-4-18</u>	<u>PW</u>	<u>#9</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.84</u>	<u>7.12</u>	<u>BACT w/c</u>	<u>-</u>
<u>10:00 AM</u> <u>4-4-18</u>	<u>PW</u>	<u>#10</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.68</u>	<u>7.69</u>	<u>BACT w/c</u>	<u>-</u>
<u>10:30 AM</u> <u>4-4-18</u>	<u>PW</u>	<u>#11</u>	<u>D</u>	<u>-</u>	<u>RO</u>	<u>.67</u>	<u>7.87</u>	<u>BACT w/c</u>	<u>-</u>

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Project

WO#: 7047216

PM: SWM Due Date: 05/04/18

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): 3.5 Cooler Temperature Corrected (°C): 3.5

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: SW 4/4/18

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
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): _____			

Client Notification/ Resolution: _____

Field Data Required? Y / N

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____

