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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. : 7048046

Received :04/11/2018 4:20
 Sample Type :Drinking Water

Date Reported:04/12/2018

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	
				Absent	Absent	4
7048046001	HB12	4/11/2018 7:30:00		Absent	Absent	0.39
Routine	M. Layburn	Collected by: CLIENT	Analysis Time	4/12/2018 1:30:00 PM	4/12/2018 1:30:00 PM	4/11/2018 7:30:00 AM
Distribution	Squires Pond Rd.					
7048046002	HB13	4/11/2018 7:45:00		Absent	Absent	0.59
Routine	H.B. Bagel	Collected by: CLIENT	Analysis Time	4/12/2018 1:30:00 PM	4/12/2018 1:30:00 PM	4/11/2018 7:45:00 AM
Distribution	W. Montauk Hwy.					
7048046003	HB28	4/11/2018 8:00:00		Absent	Absent	0.46
Routine	Huebner	Collected by: CLIENT	Analysis Time	4/12/2018 1:30:00 PM	4/12/2018 1:30:00 PM	4/11/2018 8:00:00 AM
Distribution	Oakwood Rd.					
7048046004	HB29	4/11/2018 8:15:00		Absent	Absent	0.49
Routine	McFarland	Collected by: CLIENT	Analysis Time	4/12/2018 1:30:00 PM	4/12/2018 1:30:00 PM	4/11/2018 8:15:00 AM
Distribution	Ridgewood La.					
7048046005	HB16	4/11/2018 8:30:00		Absent	Absent	0.61
Routine	Spellman's Marine	Collected by: CLIENT	Analysis Time	4/12/2018 1:30:00 PM	4/12/2018 1:30:00 PM	4/11/2018 8:30:00 AM
Distribution	Rampasture Rd.					
7048046006	HB31	4/11/2018 8:45:00		Absent	Absent	0.79
Routine	C. Morgan	Collected by: CLIENT	Analysis Time	4/12/2018 1:30:00 PM	4/12/2018 1:30:00 PM	4/11/2018 8:45:00 AM
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
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 Sample Type :Drinking Water

Date Reported:04/12/2018

Lab Number	Location	Collected	Units			
			Method	E.coli	Total Coliforms	Field Residual Chlorine
			Limits	N/A	N/A	mg/L
7048046007	HB25	4/11/2018 9:00:00	SM22 9223B Colilert	Absent	Absent	0.38
Routine	K. Springer	Collected by: CLIENT	Analysis Time	4/12/2018 1:30:00 PM	4/12/2018 1:30:00 PM	4/11/2018 9:00:00 AM
Distribution	Maple Ave.					
7048046008	HB19	4/11/2018 9:45:00	SM22 9223B Colilert	Absent	Absent	0.76
Routine	J. Warner	Collected by: CLIENT	Analysis Time	4/12/2018 1:30:00 PM	4/12/2018 1:30:00 PM	4/11/2018 9:45:00 AM
Distribution	Canoe PI Rd.					
7048046009	HB21	4/11/2018 9:20:00	SM22 9223B Colilert	Absent	Absent	0.85
Routine	H.B. Fire Dept.	Collected by: CLIENT	Analysis Time	4/12/2018 1:30:00 PM	4/12/2018 1:30:00 PM	4/11/2018 9:20:00 AM
Distribution	Montauk Hwy.					
7048046010	HB5A	4/11/2018 10:10:00	SM22 9223B Colilert	Absent	Absent	0.58
Routine	Sunday's By The Bay	Collected by: CLIENT	Analysis Time	4/12/2018 1:30:00 PM	4/12/2018 1:30:00 PM	4/11/2018 10:10:00
Distribution	Dune 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 :

7048046

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#: 7048046



Sample Request Form PUBLIC WATER SUPPLIER

Date: 4-11-18

Collected By: H. TUTHILL / G. Valentino

Accepted By: [Signature]

Cooler Temp: 3.3 °C

CFSC WELL OFF LINE

4/11/18 WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HGI

Back 1620

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:

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.
7:30AM 4-11-18	PW	#12	D	-	RO	7.64	BACT w/ccl	001
7:45AM 4-11-18	PW	#13	D	-	RO	7.58	BACT w/ccl	002
8:00AM 4-11-18	PW	#28	D	-	RO	7.75	BACT w/ccl	003
8:15AM 4-11-18	PW	#29	D	-	RO	7.60	BACT w/ccl	004
8:30AM 4-11-18	PW	#10	D	-	RO	7.69	BACT w/ccl	005
8:45AM 4-11-18	PW	#31	D	-	RO	7.38	BACT w/ccl	006
9:00AM 4-11-18	PW	#25	D	-	RO	7.50	BACT w/ccl	007
9:45AM 4-11-18	PW	#19	D	-	RO	7.41	BACT w/ccl	008
9:30AM 4-11-18	PW	#21	D	-	RO	7.37	BACT w/ccl	009
10:10AM 4-11-18	PW	#5A	D	-	RO	7.63	BACT w/ccl	010
10:30 4-11-18	GW	WELL 5-1	RW	-	S	6.39 / 13.1°C	POC'S	

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Project **WO#: 7048046**
 PM: SWM Due Date: 05/11/18
 CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Thermometer Used: TH091 Correction Factor: 0.0

Cooler Temperature (°C): 3.3 Cooler Temperature Corrected (°C): 3.3

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: SW 4/11/18

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 type="checkbox"/> Yes <input checked="" 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 #			
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		Sample #
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis			Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.	
KI starch test strips Lot #			
Residual chlorine strips Lot #			Positive for Res. Chlorine? Y N
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: _____