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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. : 7051088

Received :05/09/2018 4:45
 Sample Type :Drinking Water

Date Reported:05/10/2018

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
7051088001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	5/9/2018 7:30:00 AM Collected by: CLIENT	Analysis Time	Absent 5/10/2018 12:45:00	Absent 5/10/2018 12:45:00	0.41 5/9/2018 7:30:00 AM
7051088002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	5/9/2018 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 5/10/2018 12:45:00	Absent 5/10/2018 12:45:00	0.64 5/9/2018 7:45:00 AM
7051088003	HB28 Routine Huebner Distribution Oakwood Rd.	5/9/2018 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 5/10/2018 12:45:00	Absent 5/10/2018 12:45:00	0.47 5/9/2018 8:00:00 AM
7051088004	HB29 Routine McFarland Distribution Ridgewood La.	5/9/2018 8:20:00 AM Collected by: CLIENT	Analysis Time	Absent 5/10/2018 12:45:00	Absent 5/10/2018 12:45:00	0.46 5/9/2018 8:20:00 AM
7051088005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	5/9/2018 9:10:00 AM Collected by: CLIENT	Analysis Time	Absent 5/10/2018 12:45:00	Absent 5/10/2018 12:45:00	0.47 5/9/2018 9:10:00 AM
7051088006	HB31 Routine C. Morgan Distribution	5/9/2018 8:55:00 AM Collected by: CLIENT	Analysis Time	Absent 5/10/2018 12:45:00	Absent 5/10/2018 12:45:00	0.63 5/9/2018 8:55:00 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.

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

Stu Murrell
 Stu Murrell



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				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
7051088007	HB25 Routine Distribution K. Springer Maple Ave.	5/9/2018 9:40:00 AM Collected by: CLIENT	Analysis Time	Absent 5/10/2018 12:45:00	Absent 5/10/2018 12:45:00	0.60 5/9/2018 9:40:00 AM
7051088008	HB19 Routine Distribution J. Warner Canoe PI Rd.	5/9/2018 8:40:00 AM Collected by: CLIENT	Analysis Time	Absent 5/10/2018 12:45:00	Absent 5/10/2018 12:45:00	0.65 5/9/2018 8:40:00 AM
7051088009	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	5/9/2018 9:25:00 AM Collected by: CLIENT	Analysis Time	Absent 5/10/2018 12:45:00	Absent 5/10/2018 12:45:00	0.41 5/9/2018 9:25:00 AM
7051088010	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	5/9/2018 10:00:00 Collected by: CLIENT	Analysis Time	Absent 5/10/2018 12:45:00	Absent 5/10/2018 12:45:00	0.40 5/9/2018 10:00:00 AM

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

WorkOrder :

7051088

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#: 7051088



Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE
 WELL RUN TO SYSTEM

Date: 5-9-18
 Collected By: K. TUTHILL
 Accepted By: [Signature]
 Cooler Temp: 9.3 °C

YES NO VOC'S PRESERVED WITH HCl
Bach 1643

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	

Client Info:
 Name or Code: HAMPTON BAYS WATER DISTRICT
P.O. BOX 1013
 Address: HAMPTON BAYS, NEW YORK 11946
(631) 728-0179
 Phone #: _____
 Attn: _____
 Proj. # or (Name): _____
 Bill To: _____
 Copies To: _____

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	pH/Temp	Analysis	Lab No.
7:50AM 5-9-18	PW	#12	D	-	RO	.41	7.13	BACT w/ccl	
7:45AM 5-9-18	PW	#13	D	-	RO	.64	7.13	BACT w/ccl	
8:00AM 5-9-18	PW	#28	D	-	RO	.47	7.34	BACT w/ccl	
8:20AM 5-9-18	PW	#29	D	-	RO	.46	7.38	BACT w/ccl	
9:00AM 5-9-18	PW	#16	D	-	RO	.47	7.21	BACT w/ccl	
8:55AM 5-9-18	PW	#31	D	-	RO	.63	7.56	BACT w/ccl	
9:40AM 5-9-18	PW	#25	D	-	RO	.60	7.20	BACT w/ccl	
8:40AM 5-9-18	PW	#19	D	-	RO	.65	7.55	BACT w/ccl	
9:35AM 5-9-18	PW	#21	D	-	RO	.41	7.44	BACT w/ccl	
10:00AM 5-9-18	PW	#5A	D	-	RO	.40	7.59	BACT w/ccl	

Remarks:



Sample Condition Upon Receipt

Client Name: HBW

Project **WO#: 7051088**
 PM SWM Due Date: 06/08/18
 CL ENT: 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): 2.3

Cooler Temperature Corrected (°C): 2.3

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: AS/10

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: _____

