



575 Broad Hollow Road, Melville, NY 11747
 TEL: (631) 694-3040 FAX: (631) 420-8436
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: Distribution
 Special

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

Lab No. : 7067458001
Client Sample ID.: 6 HAMPTON BAYS DR.

Federal ID : 5103704
 Collected : 10/10/2018 10:15 AM Point No:
 Received : 10/10/2018 04:30 PM Location:
 Collected By : CLIENT

Sample Comments:
 WEEKS

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.048		1	mg/L	0.3	10/12/2018 4:42 PM	001 BP4N1/1
Manganese	<0.010		1	mg/L	0.3	10/12/2018 4:42 PM	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

Kimberley Mack

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: 10/15/2018



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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Special

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 7067458002
Client Sample ID.: 4 STONEY WELL CT.

Attn To : Rob King
 Federal ID : 5103704
 Collected : 10/10/2018 10:35 AM Point No:
 Received : 10/10/2018 04:30 PM Location:
 Collected By : CLIENT

Sample Comments:
 CURRERI

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	<0.020		1	mg/L	0.3	10/12/2018 4:43 PM	002 BP4N1/1
Manganese	<0.010		1	mg/L	0.3	10/12/2018 4:43 PM	002 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.
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WorkOrder :
7067458

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#: 7067458



747

Sample Request Form PUBLIC WATER SUPPLIER

Date: 10-10-18

Collected By: W Booth

Accepted By: [Signature]

Cooler Temp: 3.2 °C

C/S WELL OFF LINE

10/6/18 WELL RUN TO SYSTEM

1300

Back At 1630
 YES NO VOC'S PRESERVED WITH HCl

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:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
9:05 10-10-18	GW	WELL 4-1	RW	-	RO		BACT + POC	
9:10 10-10-18	GW	WELL 4-2	RW	-	RO		BACT + POC	
10:15 10-10-18	PW	WEEKS 6 HAMPTON BAYS P.R.	D	-	S		IRON, MANG.	001
10:35 10-10-18	PW	CURRERI 4 STONEYWELL CT.	D	-	S		IRON, MANG.	002
10:35 10-10-18	PW	CURRERI 4 STONEYWELL CT	D	-	S		PFC'S	003 <u>AP</u>

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	

Remarks:



Sample Condition Upon Receipt

WO#: 7067458
 PM: SWM Due Date: 10/18 '18
 CLIENT: HBW

Client Name: HBW

Proj _____

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: (H09) Correction Factor: 0.0

Samples on ice, cooling process has begun

Cooler Temperature (°C): 3.2 Cooler Temperature Corrected (°C): 3.2

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: CS 10/10/18

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 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			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 # <u>HC 857466</u>	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	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. 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: _____