

## 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

**Hampton Bays Water District**  
**P.O. Box 1013**  
**Hampton Bays, NY 11946**  
**Attn To : Rob King**  
 Federal ID : 5103704

**Lab Project No. : 7082350**

Received :03/14/2019 12:12  
 Sample Type :Drinking Water

Date Reported:03/15/2019

Lab	Location	Collected	Units	E.coli	Total Coliforms
<b>7082350001</b>	S-15687	3/14/2019 8:37:00	N/A	N/A	N/A
Special	Well #1-1	Collected by: DELTA WELL	Metho	SM22 9223B Colilert	SM22 9223B Colilert
Raw Well			Limits	Absent	Absent
			Analysis Time	<b>Absent</b>	<b>Absent</b>
				<b>3/15/2019 12:25:00</b>	<b>3/15/2019 12:25:00</b>
<hr/>					
<b>7082350002</b>	S-15687	3/14/2019 8:38:00	N/A	N/A	N/A
Special	Well #1-1	Collected by: DELTA WELL	Metho	SM22 9223B Colilert	SM22 9223B Colilert
Raw Well			Limits	Absent	Absent
			Analysis Time	<b>Absent</b>	<b>Absent</b>
				<b>3/15/2019 12:25:00</b>	<b>3/15/2019 12:25:00</b>
<hr/>					
<b>7082350003</b>	S-15687	3/14/2019 8:42:00	N/A	N/A	N/A
Special	Well #1-1	Collected by: DELTA WELL	Metho	SM22 9223B Colilert	SM22 9223B Colilert
Raw Well			Limits	Absent	Absent
			Analysis Time	<b>Absent</b>	<b>Absent</b>
				<b>3/15/2019 12:25:00</b>	<b>3/15/2019 12:25:00</b>
<hr/>					
<b>7082350004</b>	S-15687	3/14/2019 8:52:00	N/A	N/A	N/A
Special	Well #1-1	Collected by: DELTA WELL	Metho	SM22 9223B Colilert	SM22 9223B Colilert
Raw Well			Limits	Absent	Absent
			Analysis Time	<b>Absent</b>	<b>Absent</b>
				<b>3/15/2019 12:25:00</b>	<b>3/15/2019 12:25:00</b>
<hr/>					
<b>7082350005</b>	S-15687	3/14/2019 9:07:00	N/A	N/A	N/A
Special	Well #1-1	Collected by: DELTA WELL	Metho	SM22 9223B Colilert	SM22 9223B Colilert
Raw Well			Limits	Absent	Absent
			Analysis Time	<b>Absent</b>	<b>Absent</b>
				<b>3/15/2019 12:25:00</b>	<b>3/15/2019 12:25:00</b>

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

Treatments	
A = Air Stripper	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



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

**WorkOrder :**

7082350

## Laboratory Certifications

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**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

# Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

Date: 3-14-19  
 Collected By: DELTA WELL  
 Accepted By: [Signature] 12:12  
 Cooler Temp: 6.4 °C (B)

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  
 Address: P.O. 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 <sub>2</sub> pH/Temp	Analysis	Lab No.
3-14-19 8:37 Am	GW	WELL 1-1 5LW	RW	-	S		BACT NO CL	001
3-14-19 8:38 Am	GW	WELL 1-1 1MIN	RW	-	S		BACT NO CL	002
3-14-19 8:42 Am	GW	WELL 1-1 5MIN	RW	-	S		BACT NO CL	003
3-14-19 8:52 Am	GW	WELL 1-1 15MIN	RW	-	S		BACT NO CL	004
3-14-19 9:07 Am	GW	WELL 1-1 30MIN	RW	-	S		BACT NO CL	005

Remarks:



# Sample Condition Upon Receipt

Client Name: HBW

Project

**WO#: 7082350**  
 PM: SWM Due Date: 04/13/19  
 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): 6.4      Cooler Temperature Corrected (°C): 6.4

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: 3/14/19 JVP

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 <u>SL</u> <u>WT</u> <u>OIL</u>			
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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <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 <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , 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: \_\_\_\_\_