



**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF ENVIRONMENTAL REMEDIATION**

**STANDBY CONTRACTOR AUTHORIZATION FORM
For Standby Response, Investigation & Remediation, and Laboratory Services**

General Information

Region: 1 **Site No.:** 152250 **CallOut ID:** 136671

CallOut Date 01/16/2019

Contract No.: C100700 **PIN (if applicable):**

Contractor Selected: TestAmerica Laboratories, Inc. (LAB)

Site Information - Name: East Hampton Airport **County:** Suffolk

Address: 200 Daniels Hole Road, Wainscott

SCOPE OF WORK (Provide brief detailed description):

01/16/19: Original Budget: \$10,666; Funds made available by transferring unused funds from closed contract callout 134360 (Contract C008010 (\$3695)) and callout 134343 (contract C008011 (\$6971)).

Scope: Provide bottles and analytical services for potable water samples.

Analytical method ISO 25101 (UCMR3 6 compounds list)

10 day turn around.

Category B deliverables.

Plus the following QC:

QC per day will be 3 equipment blanks, 3 field dups, 1 MS, 1 MSD.

Bottles are to be delivered to Suffolk County Department of Health Services:

Suffolk County Department of Health Services

Office of Water Resources

360 Yaphank Avenue, Suite 1C

Yaphank, NY 11980

Who:

David Mullen

Phone: 631-852-5790

Email: david.mullen@suffolkcountyny.gov

ESTIMATED BUDGET: \$10,666.00

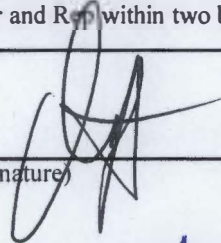
This serves as authorization to incur costs up to the budgeted amount indicated, to perform the scope of work outlined above in connection with the above-referenced spill/site call out number. The contractor is responsible for immediately notifying the DER project manager if it becomes apparent that the scope of work can not be completed within the budget and/or the scope of work should be amended. The contractor should not incur costs that exceed the budget or perform activities outside the scope of work without the verbal or written approval of the DER project manager. The DER project manager must confirm that approval in writing in an amended Standby Contractor Authorization Form signed by the DER project manager and Rep within two business days.

DER Project Manager Name/Title:

(Print)

David Luciano / PM

(Signature)



Date:

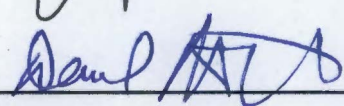
01/16/19

Authorized DER Representative Name/Title:

(Print)

David Harrington / PETT

(Signature)



Date:

01/16/19