



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

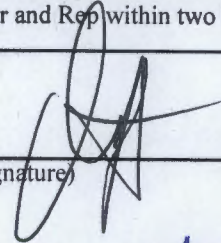
This serves as authorization to incur costs up to the budgeted amount indicated, to perform the scope of work outlined above in connection with the above-referenced spill/site call out number. The contractor is responsible for immediately notifying the DER project manager if it becomes apparent that 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 Romano / PM

(Signature)



Date:

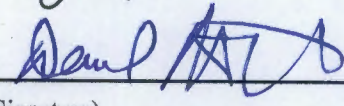
01/16/19

Authorized DER Representative Name/Title:

(Print)

David Harrington / PETT

(Signature)



Date:

01/16/19