



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

Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

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

Lab No. : 70182965001
Client Sample ID.: HB3

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/04/2021 08:30 AM Point HB3
 Received : 08/04/2021 05:50 PM Location U.S.C.G.
 Collected By CLIENT Foster Ave.

Analytical Method:EPA 300.1

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Chlorate	45.7		5	ug/L		08/15/2021 10:03	001 AG4E1/1
Surr: Dichloroacetate (S)	98%		5	%REC		08/15/2021 10:03	001 AG4E1/1

Analytical Method:EPA 524.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Bromodichloromethane	1.0		1	ug/L		08/07/2021 2:44 PM	001 VG9C1/2
Bromoform	0.72		1	ug/L		08/07/2021 2:44 PM	001 VG9C1/2
Chloroform	1.7		1	ug/L		08/07/2021 2:44 PM	001 VG9C1/2
Dibromochloromethane	1.2		1	ug/L		08/07/2021 2:44 PM	001 VG9C1/2
Total Trihalomethanes (Calc.)	4.7		1	ug/L	80	08/07/2021 2:44 PM	001 VG9C1/2
Surr: 1,2-Dichlorobenzene-d4 (S)	78%		1	%REC		08/07/2021 2:44 PM	001 VG9C1/2
Surr: 4-Bromofluorobenzene (S)	91%		1	%REC		08/07/2021 2:44 PM	001 VG9C1/2

Analytical Method:EPA 552.2

Prep Method: EPA 552.2

Prep Date: 08/10/2021 10:50

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Dibromoacetic Acid	<1.0		1	ug/L		08/17/2021 6:59 AM	001 AG341/1
Dichloroacetic Acid	<1.0		1	ug/L		08/17/2021 6:59 AM	001 AG341/1
Haloacetic Acids (Total)	<2.0		1	ug/L	60	08/17/2021 6:59 AM	001 AG341/1
Monobromoacetic Acid	<1.0		1	ug/L		08/17/2021 6:59 AM	001 AG341/1
Monochloroacetic Acid	<2.0		1	ug/L		08/17/2021 6:59 AM	001 AG341/1
Trichloroacetic Acid	<1.0		1	ug/L		08/17/2021 6:59 AM	001 AG341/1
Surr: 2,3-Dibromopropanoic Acid (S)	92%		1	%REC		08/17/2021 6:59 AM	001 AG341/1

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: 08/17/2021



Laboratory Results

Results for the samples and analytes requested
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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

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

Lab No. : 70182965002
Client Sample ID.: HB8

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 08/04/2021 07:45 AM Point HB8
 Received : 08/04/2021 05:50 PM Location B. McCormack
 Collected By CLIENT Bittersweet Ave.

Analytical Method:EPA 300.1

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Chlorate	48.9		5	ug/L		08/15/2021 10:46	002 AG4E1/1
Surr: Dichloroacetate (S)	98%		5	%REC		08/15/2021 10:46	002 AG4E1/1

Analytical Method:EPA 524.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Bromodichloromethane	<0.50		1	ug/L		08/07/2021 3:11 PM	002 VG9C1/2
Bromoform	<0.50		1	ug/L		08/07/2021 3:11 PM	002 VG9C1/2
Chloroform	0.79		1	ug/L		08/07/2021 3:11 PM	002 VG9C1/2
Dibromochloromethane	<0.50		1	ug/L		08/07/2021 3:11 PM	002 VG9C1/2
Total Trihalomethanes (Calc.)	0.79		1	ug/L	80	08/07/2021 3:11 PM	002 VG9C1/2
Surr: 1,2-Dichlorobenzene-d4 (S)	85%		1	%REC		08/07/2021 3:11 PM	002 VG9C1/2
Surr: 4-Bromofluorobenzene (S)	95%		1	%REC		08/07/2021 3:11 PM	002 VG9C1/2

Analytical Method:EPA 552.2

Prep Method: EPA 552.2

Prep Date: 08/10/2021 10:50

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Dibromoacetic Acid	<1.0		1	ug/L		08/17/2021 7:24 AM	002 AG341/1
Dichloroacetic Acid	<1.0		1	ug/L		08/17/2021 7:24 AM	002 AG341/1
Haloacetic Acids (Total)	<2.0		1	ug/L	60	08/17/2021 7:24 AM	002 AG341/1
Monobromoacetic Acid	<1.0		1	ug/L		08/17/2021 7:24 AM	002 AG341/1
Monochloroacetic Acid	<2.0		1	ug/L		08/17/2021 7:24 AM	002 AG341/1
Trichloroacetic Acid	<1.0		1	ug/L		08/17/2021 7:24 AM	002 AG341/1
Surr: 2,3-Dibromopropanoic Acid (S)	98%		1	%REC		08/17/2021 7:24 AM	002 AG341/1

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

Date Reported: 08/17/2021

WorkOrder :

70182965

Laboratory Certifications

Pace Analytical Services Ormond Beach

8 East Tower Circle, Ormond Beach, FL 32174
Alaska DEC- CS/UST/LUST
Alabama Certification #: 41320
Colorado Certification: FL NELAC Reciprocity
Connecticut Certification #: PH-0216
Delaware Certification: FL NELAC Reciprocity
Florida Certification #: E83079
Georgia Certification #: 955
Guam Certification: FL NELAC Reciprocity
Hawaii Certification: FL NELAC Reciprocity
Illinois Certification #: 200068
Indiana Certification: FL NELAC Reciprocity
Kansas Certification #: E-10383
Kentucky Certification #: 90050
Louisiana Certification #: FL NELAC Reciprocity
Louisiana Environmental Certificate #: 05007
Maine Certification #: FL01264
Maryland Certification: #346
Michigan Certification #: 9911
Mississippi Certification: FL NELAC Reciprocity
Missouri Certification #: 236
Montana Certification #: Cert 0074
Nebraska Certification: NE-OS-28-14
New Hampshire Certification #: 2958
New Jersey Certification #: FL022
New York Certification #: 11608
North Carolina Environmental Certificate #: 667
North Carolina Certification #: 12710
North Dakota Certification #: R-216
Ohio DEP 87780
Oklahoma Certification #: D9947
Pennsylvania Certification #: 68-00547
Puerto Rico Certification #: FL01264
South Carolina Certification: #96042001
Tennessee Certification #: TN02974
Texas Certification: FL NELAC Reciprocity
US Virgin Islands Certification: FL NELAC Reciprocity
Virginia Environmental Certification #: 460165
West Virginia Certification #: 9962C
Wisconsin Certification #: 399079670
Wyoming (EPA Region 8): FL NELAC Reciprocity

Pace Analytical Services Long Island



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

WorkOrder :
70182965

Laboratory Certifications

Pace Analytical Services Long Island

575 Broad Hollow Rd, Melville, NY 11747
Connecticut Certification #: PH-0435
Delaware Certification # NY 10478
Maryland Certification #: 208
Massachusetts Certification #: M-NY026
New Hampshire Certification #: 2987
New Jersey Certification #: NY158
New York Certification #: 10478 Primary Accrediting Body
Pennsylvania Certification #: 68-00350
Rhode Island Certification #: LAO00340
Virginia Certification # 460302

Return to Lab
8/9/21 1730

Sample Request Form PUBLIC WATER SUPPLIER

Date: 8-4-21

Collected By: M. TOTH
Accepted By: [Signature] 8/4/21
Cooler Temp: 12.45 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Pace Analytical
WO#: 70182965
 70182965

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 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	

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
7:130AM 8-4-21	PW	#9	D	-	RO	.44 7.47	BACT w/CL	
9:20AM 8-4-21	PW	#7	D	-	RO	.48 7.39	BACT w/CL	
8:00AM 8-4-21	PW	#2	D	-	RO	.40 7.48	BACT w/CL	
8:130AM 8-4-21	PW	#3	D	-	RO	.38 7.30	BACT w/CL, DBP, CHLORATE	001
8:15AM 8-4-21	PW	#4	D	-	RO	.49 7.39	BACT w/CL	
8:45AM 8-4-21	PW	#5	D	-	RO	.52 7.50	BACT w/CL	
9:05AM 8-4-21	PW	#6	D	-	RO	.50 7.43	BACT w/CL	
9:55AM 8-4-21	PW	#7	D	-	RO	.44 7.38	BACT w/CL	
7:45AM 8-4-21	PW	#8	D	-	RO	.54 7.30	BACT w/CL, DBP, CHLORATE	002
10:00AM 8-4-21	PW	#9 #10	D	-	RO	.46 7.11	BACT w/CL	
10:20AM 8-4-21	PW	#35	D	-	RO	.41 7.11	BACT w/CL	

Remarks:



Sample Condition Upon Receipt

WO#: 70182965

Client Name: HBW

Project: _____

PM: KMM

Due Date: 08/17/21

CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes NoPacking Material: Bubble Wrap Bubble Bags Ziploc None Other

Thermometer Used: TH091

Correction Factor: +0.0Cooler Temperature(°C): 1.8Cooler Temperature Corrected(°C): 1.8

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)Date and Initials of person examining content: 8/4/21 1750Did 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 NoDid samples originate from a foreign source 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)	<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 type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID, Matrix: <u>SL WT 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 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 method 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	
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. Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
KI starch test strips Lot #		Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #		
SM 4500 CN samples checked for sulfide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Lead Acetate Strips Lot #		
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16. <u>COT 8/4/21</u>
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	17.
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: _____