



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

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946
Attn To : Supt. McCuen
 Federal ID : 5103704

Lab Project No. : 70217517

Received :06/08/22 5:35 PM
 Sample Type :Drinking Water

Date Reported:06/13/2022

Lab	Location	Collected	Units Method Limits	<u>E.coli</u> N/A SM22 9223B Colilert Absent	<u>Total Coliforms</u> N/A SM22 9223B Colilert Absent	<u>Field Residual</u> mg/L 4
70217517001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	6/8/22 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 6/9/22 12:13:00 PM	Absent 6/9/22 12:13:00 PM	0.89 6/8/22 8:00:00 AM
70217517002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	6/8/22 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 6/9/22 12:13:00 PM	Absent 6/9/22 12:13:00 PM	0.53 6/8/22 8:15:00 AM
70217517003	HB28 Routine Huebner Distribution Oakwood Rd.	6/8/22 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 6/9/22 12:13:00 PM	Absent 6/9/22 12:13:00 PM	0.51 6/8/22 8:30:00 AM
70217517004	HB29 Routine McFarland Distribution Ridgewood La.	6/8/22 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 6/9/22 12:13:00 PM	Absent 6/9/22 12:13:00 PM	0.55 6/8/22 8:45:00 AM
70217517005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	6/8/22 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 6/9/22 12:13:00 PM	Absent 6/9/22 12:13:00 PM	0.59 6/8/22 9:00:00 AM
70217517006	HB34 Routine Kappers Distribution 23 Washington Ave.	6/8/22 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 6/9/22 12:13:00 PM	Absent 6/9/22 12:13:00 PM	0.54 6/8/22 9:30:00 AM

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.

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Kimberley Mack



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70217517007	HB31 Routine Distribution Maryland Blvd.	6/8/22 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 6/9/22 12:13:00 PM	Absent 6/9/22 12:13:00 PM	0.64 6/8/22 9:45:00 AM
70217517008	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	6/8/22 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 6/9/22 12:13:00 PM	Absent 6/9/22 12:13:00 PM	0.74 6/8/22 10:00:00 AM
70217517009	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	6/8/22 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 6/9/22 12:13:00 PM	Absent 6/9/22 12:13:00 PM	0.63 6/8/22 10:15:00 AM
70217517010	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	6/8/22 10:30:00 AM Collected by: CLIENT	Analysis Time	Absent 6/9/22 12:13:00 PM	Absent 6/9/22 12:13:00 PM	0.41 6/8/22 10:30:00 AM

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

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A = Air Stripper	G = Granular Activated
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WorkOrder :

70217517

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



Sample Request Form PUBLIC WATER SUPPLIER

Return to Lab
6/8/22 1735
 WELL OFF LINE

Date: 6/8/22
Collected By: G. Valentine
Accepted By: [Signature] 6/8/22
Cooler Temp: 53.3 °C / 130.5 °F

WELL RUN TO SYSTEM
 YES NO VOC'S PRESERVED WITH HCl

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
VW - 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: _____
Address: HAMPTON BAYS WATER DISTRICT
R.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 ₂ pH/Temp	Analysis	Lab No.
6/8/22 800	PW	#12	D	—	Ro	7.62 0.89	Bact w/cl	001
6/8/22 815	PW	#13	D	—	Ro	7.34 0.53	Bact w/cl	002
6/8/22 830	PW	#28	D	—	Ro	7.46 0.51	Bact w/cl	003
6/8/22 845	PW	#29	D	—	Ro	7.34 0.55	Bact w/cl	004
6/8/22 900	PW	#16	D	—	Ro	7.39 0.59	Bact w/cl	005
6/8/22 930	PW	#31	D	—	Ro	7.27 0.54	Bact w/cl	006
6/8/22 945	PW	#31	D	—	Ro	7.31 0.64	Bact w/cl	007
6/8/22 1000	PW	SPB#1	D	—	Ro	7.28 0.74	Bact w/cl	008
6/8/22 1015	PW	#21	D	—	Ro	7.21 0.63	Bact w/cl	009
6/8/22 1030	RW	#5A	D	—	Ro	7.37 0.41	Bact v/cl	010
6/8/22 915	PW	23 Oak Lane	D	—	S	7.23 0.53	Bact w/cl & I/M	011

Remarks:



Sample Condition Upon Receipt

Client Name: H/BW

Prn:

WO#: 70217517

Due Date: 06/20/22

PM: KMM

CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No N/A

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Thermometer Used: TH091 Correction Factor: + 0.1

Cooler Temperature(°C): 5.3 Cooler Temperature Corrected(°C): 5.4

Type of ice: Wet Blue None

Samples on ice, cooling process has begun

Temp should be above freezing to 6.0°C

Date/Time 5035A kits placed in freezer _____

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining content: M/8/22 1735

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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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, 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	Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
Exceptions: VOA <u>Coliform</u> , DOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		
Samples checked for dechlorination: KI starch test strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14. 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. Positive for Sulfide? Y N
Lead Acetate Strips Lot #		
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Present:	<input type="checkbox"/> Yes <input 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: _____