



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

Sample Information:

Type: Drinking Water
 Origin: Distribution
 Special

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

Lab No. : 70217518001
Client Sample ID.: 23 OAK LANE

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 06/08/2022 09:15 AM Point
 Received : 06/08/2022 05:35 PM Location
 Collected By CLIENT

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	<0.020		1	mg/L	0.3	06/14/2022 7:37 PM	001 BP3N1/1
Manganese	<0.010		1	mg/L	0.3	06/14/2022 7:37 PM	001 BP3N1/1

Analytical Method:Field Method

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Field Residual Chlorine	0.53	N3	1	mg/L	4	06/08/2022 9:15 AM	001 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 06/08/2022 6:13 PM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	06/09/2022 12:13	001 SP5T1/1
Total Coliforms	Absent		1		Absent	06/09/2022 12:13	001 SP5T1/1

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
 See qualifiers page for additional qualifier definitions.

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.



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WorkOrder :

70217518

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



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Additional Qualifiers

N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.

WO#: 70217518



70217518

Sample Request Form PUBLIC WATER SUPPLIER

*Return to bob
6/8/22 1735*
 WELL OFF LINE

Date: 6/8/22

Collected By: G. Valentin

Accepted By: [Signature]

Cooler Temp: 5.3 °C

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Client Info:

Name or Code: _____
Address: HAMPTON BAYS WATER DISTRICT
P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946
(631) 728-0179
Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____

Sample Types
PW - Potable Water
GW - Groundwater
SW - Surface Water
WW - Waste Water
AQ - Aqueous
S - Soil

Purpose
RO - Routine
RE - Resample
S - Special

Origin
D - Distribution
RW - Raw Well
TW - Treated Well
T - Tank
MW - Monitoring Well
I - Influent
E - Effluent

Treatment Types
AST - Air Stripper
GAC - Granular Activated Charcoal
N - Nitrate Removal Plant
FE - Iron Removal Plant
O - Other

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	0.89 7.62	Bact w/cl	—
6/8/22 815	PW	#13	D	—	Ro	0.53 7.34	Bact w/cl	—
6/8/22 830	PW	#28	D	—	Ro	0.51 7.46	Bact w/cl	—
6/8/22 845	PW	#29	D	—	Ro	0.55 7.34	Bact w/cl	—
6/8/22 900	PW	#16	D	—	Ro	0.59 7.39	Bact w/cl	—
6/8/22 930	PW	#31	D	—	Ro	0.54 7.27	Bact w/cl	—
6/8/22 945	PW	#31	D	—	Ro	0.64 7.31	Bact w/cl	—
6/8/22 1000	PW	SPB#1	D	—	Ro	0.74 7.28	Bact w/cl	—
6/8/22 1015	PW	#21	D	—	Ro	0.63 7.21	Bact w/cl	—
6/8/22 1030	RW	#5A	D	—	Ro	0.41 7.37	Bact w/cl	—
6/8/22 915	PW	23 oak Lane	D	—	S	0.53 7.23	Bact w/cl & I/m	051

Remarks:



Sample Condition Upon Receipt

Client Name: H, BW

Project

WO#: 70217518

PM: KMM

Due Date: 06/20/22

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

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: 6/18/22 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 I) <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	10.
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 # <u>AC16037</u>	Sample #
All containers needing preservation are found to be in compliance with method recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
NAOH>12 Cyanide)	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).	Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
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 #	
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: _____

* PM (Project Manager) review is documented electronically in LIMS.