



575 Broad Hollow Road, Melville, NY 11747  
 TEL: (631) 694-3040 FAX: (631) 420-8436  
[www.pacelabs.com](http://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: Effluent  
 Routine

**Hampton Bays Water District**

**P.O. Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Supt. McCuen**

Federal ID : 5103704

Collected : 06/08/2022 08:03 AM Point

Received : 06/08/2022 05:35 PM Location

Collected By CLIENT

**Lab No. : 70217519001**

**Client Sample ID.: GAC EFFLUENT**

<u>Analytical Method:</u> EPA 522		<u>Prep Method:</u> EPA 522			<u>Prep Date:</u> 06/10/2022 11:02		
<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
1,4-Dioxane (p-Dioxane)	0.076		1	ug/L	1	06/11/2022 3:46 AM	001 AG2R1/2
Surr: 1,4-Dioxane-d8 (S)	101%		1	%REC		06/11/2022 3:46 AM	001 AG2R1/2

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

Result(s) reported meet(s) NYS Regulatory Limit(s).

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

Date Reported: 06/13/2022

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.



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**WorkOrder :**  
70217519

## Laboratory Certifications

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### **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 Condition Upon Receipt

WO#: 70217519

Client Name: H, BW

Pro

PM: KMM

Due Date: 06/21/22

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

Temperature Blank Present:  YES  NO

Type of Ice:  Wet  Blue  None

Samples on ice, cooling process has begun

Date/Time 5035A kits placed in freezer \_\_\_\_\_

USDA Regulated Soil (  N/A, water sample)

Date and Initials of person examining content: 6/4/22 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 type="checkbox"/> Yes <input checked="" 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 ILS)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID, Matrix: SL WT OIL		
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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <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 <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , 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 #		Positive for Sulfide? Y N
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 #		16.
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	17.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
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: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Comments/ Resolution: \_\_\_\_\_

Field Data Required? \_\_\_\_\_

Y / N

Date/Time: \_\_\_\_\_

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