



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. : 70225376

Received :08/10/22 4:30 PM
 Sample Type :Drinking Water

Date Reported:08/12/2022

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
70225376001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	8/10/22 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 8/11/22 11:55:00 AM	Absent 8/11/22 11:55:00 AM	0.89 8/10/22 7:45:00 AM
70225376002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	8/10/22 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 8/11/22 11:55:00 AM	Absent 8/11/22 11:55:00 AM	0.95 8/10/22 8:00:00 AM
70225376003	HB28 Routine Distribution Huebner Oakwood Rd.	8/10/22 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 8/11/22 11:55:00 AM	Absent 8/11/22 11:55:00 AM	0.87 8/10/22 8:15:00 AM
70225376004	HB29 Routine Distribution McFarland Ridgewood La.	8/10/22 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 8/11/22 11:55:00 AM	Absent 8/11/22 11:55:00 AM	0.91 8/10/22 8:30:00 AM
70225376005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	8/10/22 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 8/11/22 11:55:00 AM	Absent 8/11/22 11:55:00 AM	0.79 8/10/22 8:45:00 AM
70225376006	HB34 Routine Distribution Kappers 23 Washington Ave.	8/10/22 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 8/11/22 11:55:00 AM	Absent 8/11/22 11:55:00 AM	0.85 8/10/22 9:00:00 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.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Kimberley Mack



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70225376007	HB31 Routine Distribution Maryland Blvd.	8/10/22 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 8/11/22 11:55:00 AM	Absent 8/11/22 11:55:00 AM	0.83 8/10/22 9:15:00 AM
70225376008	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	8/10/22 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 8/11/22 11:55:00 AM	Absent 8/11/22 11:55:00 AM	0.87 8/10/22 9:30:00 AM
70225376009	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	8/10/22 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 8/11/22 11:55:00 AM	Absent 8/11/22 11:55:00 AM	0.94 8/10/22 9:45:00 AM
70225376010	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	8/10/22 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 8/11/22 11:55:00 AM	Absent 8/11/22 11:55:00 AM	0.57 8/10/22 10:00:00 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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WorkOrder :

70225376

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

WO#: 70225376



70225376

11747
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Sample Request Form PUBLIC WATER SUPPLIER

Date: 8-10-22

Collected By: DAVID VALENTINO

Accepted By: [Signature]

Cooler Temp: 3.5 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Client Info: HAMPTON BAYS WATER DISTRICT

Name or Code: P.O. BOX 1013

Address: 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.
8/10/22/745	PW	#12	D	-	RO	7.47	BACT w/CL	
8/10/22/800	PW	#13	D	-	RO	7.28	BACT w/CL	
8/10/22/815	PW	#28	D	-	RO	7.24	BACT w/CL	
8/10/22/830	PW	#29	D	-	RO	7.21	BACT w/CL	
8/10/22/845	PW	#16	D	-	RO	7.23	BACT w/CL	
8/10/22/900	PW	#34	D	-	RO	7.31	BACT w/CL	
8/10/22/915	PW	#31	D	-	RO	7.38	BACT w/CL	
8/10/22/930	PW	SPB #1	D	-	RO	7.33	BACT w/CL	
8/10/22/945	PW	#21	D	-	RO	7.45	BACT w/CL	
8/10/22/1000	PW	#5A	D	-	RO	7.15	BACT w/CL	

Remarks:



Sample Condition Upon Receipt

WO#: 70225376

Client Name: Hampton Bays Water Project

PM: KMM

Due Date: 08/19/22

CLIENT: HBN

Courier: Fed Ex UPS USPS Client Commercial Home 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): 3.5 Cooler Temperature Corrected(°C): 3.6

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: Ed 8/10/22

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 type="checkbox"/> Yes <input checked="" 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	
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: <u>SLWD 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		Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
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? Lead Acetate Strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15. Positive for Sulfide? Y N
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: _____