



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:

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 08/24/2022 07:45 AM Point

Received : 08/30/2022 11:06 AM Location

Collected By CLIENT

Lab No. : 70227551001

Client Sample ID.: MUSJCE/18 BELLOWS POND RD

Analytical Method:EPA 200.8

<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>
Copper	0.040	M1	1	mg/L	1.3	09/07/2022 6:20 PM	001 BP1N1/1
Lead	<1.0		1	ug/L	15	09/07/2022 6:20 PM	001 BP1N1/1

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.

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

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

Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.

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Type: Drinking Water
 Origin:

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 08/17/2022 10:00 AM Point

Received : 08/30/2022 11:06 AM Location

Collected By CLIENT

Lab No. : 70227551002

Client Sample ID.: LOVETT/31 BAY AVE W

Analytical Method:EPA 200.8

<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>
Copper	0.16	M1	1	mg/L	1.3	09/07/2022 6:28 PM	002 BP1N1/1
Lead	<1.0		1	ug/L	15	09/07/2022 6:28 PM	002 BP1N1/1

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 Origin:

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 08/25/2022 04:10 AM Point

Received : 08/30/2022 11:06 AM Location

Collected By CLIENT

Lab No. : 70227551003

Client Sample ID.: RICCHIUTI/ 24 BROAD HOLLOW RD

Analytical Method:EPA 200.8

<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>
Copper	0.098		1	mg/L	1.3	09/07/2022 6:40 PM	003 BP1N1/1
Lead	<1.0		1	ug/L	15	09/07/2022 6:40 PM	003 BP1N1/1

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

Date Reported: 09/09/2022

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Sample Information:

Type: Drinking Water
 Origin:

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 08/22/2022 05:11 AM Point

Received : 08/30/2022 11:06 AM Location

Collected By CLIENT

Lab No. : 70227551004

Client Sample ID.: HUEBNER/ 23 THE TRAIL

Analytical Method:EPA 200.8

<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>
Copper	0.024		1	mg/L	1.3	09/07/2022 6:47 PM	004 BP1N1/1
Lead	<1.0		1	ug/L	15	09/07/2022 6:47 PM	004 BP1N1/1

Qualifiers:

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Sample Information:

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 Origin:

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 08/23/2022 07:05 AM Point

Received : 08/30/2022 11:06 AM Location

Collected By CLIENT

Lab No. : 70227551005

Client Sample ID.: CARVANA/ 53A ARGONNE RD E

Analytical Method:EPA 200.8

<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>
Copper	0.22		1	mg/L	1.3	09/07/2022 6:52 PM	005 BP1N1/1
Lead	<1.0		1	ug/L	15	09/07/2022 6:52 PM	005 BP1N1/1

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.

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

Date Reported: 09/09/2022

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Sample Information:

Type: Drinking Water
 Origin:

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 08/22/2022 04:57 AM Point

Received : 08/30/2022 11:06 AM Location

Collected By CLIENT

Lab No. : 70227551006

Client Sample ID.: SPRINGER/ 11 MAPLE AVE

Analytical Method:EPA 200.8

<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>
Copper	0.56		1	mg/L	1.3	09/07/2022 6:53 PM	006 BP1N1/1
Lead	<1.0		1	ug/L	15	09/07/2022 6:53 PM	006 BP1N1/1

Qualifiers:

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WorkOrder :
70227551

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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WorkOrder :

70227551

Additional Qualifiers

M1 - Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.

WO#: 70227551



Client Name: Hampton Bays WD Project # _____

PM: **KMM** Due Date: **09/09/22**
 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~~ TH148 Correction Factor: + 0.1

Cooler Temperature(°C): 1.4 Cooler Temperature Corrected(°C): 1.5

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 _____

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: A.S 8/30

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 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>SL/WT/DIL</u>		
All containers needing preservation have been checked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13. <input checked="" type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot # <u>140281827</u>		Sample # <u>All</u>
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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Initial when completed: <u>A.S</u> Lot # of added preservative: <u>171939</u> Date/Time preservative added: <u>8/30 13:05</u>
Exceptions: VOA, Coliform, TOC/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): _____		

Field Data Required? Y / N

Client Notification/ Resolution:

Person Contacted: _____

Comments/ Resolution: _____

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