



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. : 70228350**

Received :09/07/22 4:50 PM  
 Sample Type :Drinking Water

Date Reported:09/20/2022

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
70228350001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	9/7/22 8:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 9/8/22 12:00:00 PM	<b>Absent</b> 9/8/22 12:00:00 PM	<b>0.42</b> 9/7/22 8:00:00 AM
70228350002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	9/7/22 8:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 9/8/22 12:00:00 PM	<b>Absent</b> 9/8/22 12:00:00 PM	<b>0.55</b> 9/7/22 8:15:00 AM
70228350003	HB3 Routine Distribution U.S.C.G. Foster Ave.	9/7/22 8:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 9/8/22 12:00:00 PM	<b>Absent</b> 9/8/22 12:00:00 PM	<b>0.44</b> 9/7/22 8:30:00 AM
70228350004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	9/7/22 10:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 9/8/22 12:00:00 PM	<b>Absent</b> 9/8/22 12:00:00 PM	<b>0.51</b> 9/7/22 10:00:00 AM
70228350005	HB5 Routine Distribution H.B. High School Argonne Rd.	9/7/22 8:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 9/8/22 12:00:00 PM	<b>Absent</b> 9/8/22 12:00:00 PM	<b>0.87</b> 9/7/22 8:45:00 AM
70228350006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	9/7/22 9:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 9/8/22 12:00:00 PM	<b>Absent</b> 9/8/22 12:00:00 PM	<b>0.62</b> 9/7/22 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.

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Kimberley Mack



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70228350007	HB7 Routine Distribution SO. Town Parks & Rec	9/7/22 9:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 9/8/22 12:00:00 PM	<b>Absent</b> 9/8/22 12:00:00 PM	<b>0.65</b> 9/7/22 9:30:00 AM
70228350008	HB8 Routine Distribution B. McCormack Bittersweet Ave.	9/7/22 9:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 9/8/22 12:00:00 PM	<b>Absent</b> 9/8/22 12:00:00 PM	<b>0.87</b> 9/7/22 9:45:00 AM
70228350009	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	9/7/22 9:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 9/8/22 12:00:00 PM	<b>Absent</b> 9/8/22 12:00:00 PM	<b>0.59</b> 9/7/22 9:15:00 AM
70228350010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	9/7/22 10:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 9/8/22 12:00:00 PM	<b>Absent</b> 9/8/22 12:00:00 PM	<b>0.61</b> 9/7/22 10:15:00 AM
70228350011	HB35 Routine Routine Classic Beverage W. Montauk Hwy.	9/7/22 10:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 9/8/22 12:00:00 PM	<b>Absent</b> 9/8/22 12:00:00 PM	<b>0.71</b> 9/7/22 10:30:00 AM

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

Treatments	
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FM = Iron/Manganese Removal	
N = Nitrate Removal	O = Other

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**WorkOrder :**

70228350

## 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 Request Form PUBLIC WATER SUPPLIER

*Return to Lab  
9/7/22 1650*

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

Date: 9-7-22

Collected By: G. Valentin  
 Accepted By: [Signature] 9/7/22  
 Cooler Temp: 13.6 °C W

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
WW - Waste Water		T - Tank	FE - Iron Removal Plant
AQ - Aqueous		MW - Monitoring Well	O - Other
S - Soil		I - Influent	
		E - Effluent	

Client: \_\_\_\_\_  
 Name or Code: HAMPTON BAYS WATER DISTRICT  
 Address: P.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 <sub>2</sub>	pH/Temp	Analysis	Lab No.
9/7/22/800	PW	#9	D	-	RO	0.42	7.53	BACT w/CC	
9/7/22/815	PW	#2	D	-	RO	0.55	7.27	BACT w/CC	
9/7/22/830	PW	#3	D	-	RO	0.44	7.25	BACT w/CC	
9/7/22/800	PW	#4	D	-	RO	0.51	7.27	BACT w/CC	
9/7/22/845	PW	#5	D	-	RO	0.87	7.31	BACT w/CC	
9/7/22/900	PW	#6	D	-	RO	0.62	7.37	BACT w/CC	
9/7/22/930	PW	#7	D	-	RO	0.65	7.47	BACT w/CC	
9/7/22/945	PW	#8	D	-	RO	0.87	7.41	BACT w/CC	
9/7/22/915	PW	#27	D	-	RO	0.59	7.09	BACT w/CC	
9/7/22/1015	PW	#10	D	-	RO	0.61	7.30	BACT w/CC	
9/7/22/1030	PW	#35	D	-	RO	0.71	7.37	BACT w/CC	

Remarks: \_\_\_\_\_

WO#: 70228350

Pace Analytical

Client Name

HBW

Project

PM: KMM

Due Date: 09/16/22

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: #H09+ T1148 Correction Factor: + 0.1

Cooler Temperature (°C): 3.6 Cooler Temperature Corrected (°C): 3.7

Temp should be above freezing to 6.0°C

USDA Regulated Soil [  N/A, water sample ]

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

Date and Initials of person examining contents: 9/12/22 1650

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 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 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 type="checkbox"/> Yes	<input type="checkbox"/> No		8.
Correct Containers Used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Containers Intact:	<input 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).				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: