



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. : 70229311

Received :09/14/22 11:45
 Sample Type :Drinking Water

Date Reported:09/19/2022

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
70229311001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	9/14/22 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 9/15/22 11:20:00 AM	Absent 9/15/22 11:20:00 AM	0.93 9/14/22 8:00:00 AM
70229311002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	9/14/22 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 9/15/22 11:20:00 AM	Absent 9/15/22 11:20:00 AM	0.51 9/14/22 8:15:00 AM
70229311003	HB28 Routine Huebner Distribution Oakwood Rd.	9/14/22 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 9/15/22 11:20:00 AM	Absent 9/15/22 11:20:00 AM	0.43 9/14/22 8:30:00 AM
70229311004	HB29 Routine McFarland Distribution Ridgewood La.	9/14/22 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 9/15/22 11:20:00 AM	Absent 9/15/22 11:20:00 AM	0.60 9/14/22 8:45:00 AM
70229311005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	9/14/22 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 9/15/22 11:20:00 AM	Absent 9/15/22 11:20:00 AM	0.86 9/14/22 9:00:00 AM
70229311006	HB34 Routine Kappers Distribution 23 Washington Ave.	9/14/22 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 9/15/22 11:20:00 AM	Absent 9/15/22 11:20:00 AM	0.39 9/14/22 9:15:00 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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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
70229311007	HB31 Routine Distribution Maryland Blvd.	9/14/22 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 9/15/22 11:20:00 AM	Absent 9/15/22 11:20:00 AM	0.63 9/14/22 9:30:00 AM
70229311008	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	9/14/22 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 9/15/22 11:20:00 AM	Absent 9/15/22 11:20:00 AM	0.69 9/14/22 9:45:00 AM
70229311009	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	9/14/22 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 9/15/22 11:20:00 AM	Absent 9/15/22 11:20:00 AM	0.90 9/14/22 10:00:00 AM
70229311010	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	9/14/22 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 9/15/22 11:20:00 AM	Absent 9/15/22 11:20:00 AM	0.44 9/14/22 10:15:00 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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WorkOrder :

70229311

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

MO#: 70229311



70229311

Sample Request Form PUBLIC WATER SUPPLIER

*Return to Lab
9/14/22 1425*

WELL OFF LINE

WELL RUN TO SYSTEM

Date: 9-14-22

Collected By: G. Valentino

Accepted By: [Signature]

Cooler Temp: 3.6 °C

9/14/22
11/15

YES NO VOC'S PRESERVED WITH HCl

Client Info:

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:

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	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	pH/Temp	Analysis	Lab No.
9/14/22/800	PW	#12	D	-	RO	.93	7.63	BACT w/ CL	
9/14/22/815	PW	#13	D	-	RO	.51	7.25	BACT w/ CL	
9/14/22/870	PW	#28	D	-	RO	.43	7.21	BACT w/ CL	
9/14/22/845	PW	#29	D	-	RO	.60	7.28	BACT w/ CL	
9/14/22/900	PW	#16	D	-	RO	.86	7.31	BACT w/ CL	
9/14/22/915	PW	#34	D	-	RO	.39	7.37	BACT w/ CL	
9/14/22/930	PW	#31	D	-	RO	.63	7.27	BACT w/ CL	
9/14/22/945	PW	SPB #1	D	-	RO	.69	7.32	BACT w/ CL	
9/14/22/1000	PW	#21	D	-	RO	.50	7.41	BACT w/ CL	
9/14/22/015	PW	#5A	D	-	RO	.44	7.25	BACT w/ CL	

Remarks:

WO#: 70229311

PM: KMM

Due Date: 09/23/22

CLIENT: HBW

CENT: HBW

5223

Profile #

Dist Bact 9/14

Serial ID:

Serial

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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CONTAINER SERIALS

WT	Water	Metric
SL	Solid	
NAL	Non-aqueous Liquid	
OL	Oil	
WP	Wipe	
DW	Drinking Water	

BP1U	1L unreserved plastic	IOC
BP2N	250mL HNO3 plastic	
BP3C	250mL Sodium Hydroxide	
AG2U	500mL unreserved amber glass	

BP4U	125mL unreserved plastic	Misc.
BP3U	250mL unreserved plastic	120mL Coliform Na Thio
BP2U	500mL unreserved plastic	Terracore Kit
BP1U	1L unreserved plastic	2oz Unreserved Jar
BP4N	125mL HNO3 plastic	1oz Unreserved Jar
BP2N	250mL HNO3 plastic	18oz Unreserved Jar
BP3N	500mL H2SO4 plastic	Ziplock Bag
BP2S	250mL H2SO4 plastic	Teclor Bag
BP3C	500mL H2SO4 plastic	1L HCL Clear Glass
BP3T	NaOH 250mL bottle	General
BP2T	250mL Trilma	Wipe

BP2S	250mL Ammonium Acetate	
BP3R	250mL NH4SO4/NH4OH	
BP1Z	1L NaOH Zn Acetate	
BP1N	1L HNO3 plastic	
BP1B	Na Thiosulfate Amber Bottle	

AG4U	125mL unreserved plastic	
AG3U	250mL unreserved plastic	
AG2U	500mL unreserved plastic	
AG1U	1L unreserved plastic	
AG3A	Ammonium Cl 250mL bottle	
AG3S	250mL H2SO4 amber glass	
AG4E	125mL EDA amber glass	
AG4T	250mL Na Thio amber glass	
AG2R	Na Sulfite 500mL (blue Cap)	
AG1T	Na Thiosulfate 1L bottle	
AG1H	1L HCl amber glass	
AG1A	(NH4Cl)	

AG4U	125mL unreserved plastic	
AG3U	250mL unreserved plastic	
AG2U	500mL unreserved plastic	
AG1U	1L unreserved plastic	
AG3A	Ammonium Cl 250mL bottle	
AG3S	250mL H2SO4 amber glass	
AG4E	125mL EDA amber glass	
AG4T	250mL Na Thio amber glass	
AG2R	Na Sulfite 500mL (blue Cap)	
AG1T	Na Thiosulfate 1L bottle	
AG1H	1L HCl amber glass	
AG1A	(NH4Cl)	

OG9T	40mL Na Thio amber vial	?
OG9A	40mL Ascorbic acid vials	?
DG9Y	Citrate/Na Thiosulfate 40mL	?
DG8T	Na Thiosulfate 60mL vial	?
AG3U	250mL unreserved amber glass	?
AG2T	Na Thiosulfate 250mL bottle	?
BP1B	Na Thiosulfate Amber bottle	?
AG1T	Na Thiosulfate 1L Amber	?
AG1A	(NH4Cl)	?

OG9T	40mL Na Thio amber vial	?
OG9A	40mL Ascorbic acid vials	?
DG9Y	Citrate/Na Thiosulfate 40mL	?
DG8T	Na Thiosulfate 60mL vial	?
AG3U	250mL unreserved amber glass	?
AG2T	Na Thiosulfate 250mL bottle	?
BP1B	Na Thiosulfate Amber bottle	?
AG1T	Na Thiosulfate 1L Amber	?
AG1A	(NH4Cl)	?

BP2S	250mL Ammonium Acetate	
BP3R	250mL NH4SO4/NH4OH	
BP1Z	1L NaOH Zn Acetate	
BP1N	1L HNO3 plastic	
BP1B	Na Thiosulfate Amber Bottle	

AG4U	125mL unreserved plastic	
AG3U	250mL unreserved plastic	
AG2U	500mL unreserved plastic	
AG1U	1L unreserved plastic	
AG3A	Ammonium Cl 250mL bottle	
AG3S	250mL H2SO4 amber glass	
AG4E	125mL EDA amber glass	
AG4T	250mL Na Thio amber glass	
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AG1T	Na Thiosulfate 1L bottle	
AG1H	1L HCl amber glass	
AG1A	(NH4Cl)	

AG4U	125mL unreserved plastic	
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AG2U	500mL unreserved plastic	
AG1U	1L unreserved plastic	
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AG3S	250mL H2SO4 amber glass	
AG4E	125mL EDA amber glass	
AG4T	250mL Na Thio amber glass	
AG2R	Na Sulfite 500mL (blue Cap)	
AG1T	Na Thiosulfate 1L bottle	
AG1H	1L HCl amber glass	
AG1A	(NH4Cl)	

CONTAINER SERIALS



Sample Condition Upon Receipt

WO#: 70229311

Client Name: HBW

Project

PM: KMM

Due Date: 09/23/22

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: ~~TH001~~ 148 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: 9/14/22 KMM

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: 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 ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #	
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	Sample #
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: <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: