



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:

**Hampton Bays Water District**

**P.O. Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Supt. McCuen**

Federal ID : 5103704

Collected : 09/10/2022 06:11 AM Point

Received : 09/22/2022 09:35 AM Location

Collected By CLIENT

**Lab No. : 70230401001**

**Client Sample ID.: LESAGE-/123 NORTH RD/KITCHEN**

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	0.12		1	mg/L	1.3	09/29/2022 9:58 PM	001 BP1N1/1
Lead	1.3		1	ug/L	15	09/29/2022 9:58 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

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

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

Date Reported: 10/03/2022

Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.

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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 : 09/15/2022 07:45 AM Point

Received : 09/22/2022 09:35 AM Location

Collected By CLIENT

**Lab No. : 70230401002**

**Client Sample ID.: FOLEY / 2 JERICH CT / BATHROOM**

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	0.0088		1	mg/L	1.3	09/29/2022 9:59 PM	002 BP1N1/1
Lead	<1.0		1	ug/L	15	09/29/2022 9:59 PM	002 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.

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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 : 09/11/2022 10:00 AM Point

Received : 09/22/2022 09:35 AM Location

Collected By CLIENT

**Lab No. : 70230401003**

**Client Sample ID.: SEAURESH H 26 START CT/KITCHEN**

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	0.29		1	mg/L	1.3	09/29/2022 10:01	003 BP1N1/1
Lead	<1.0		1	ug/L	15	09/29/2022 10:01	003 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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**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 : 09/16/2022 06:45 AM Point

Received : 09/22/2022 09:35 AM Location

Collected By CLIENT

**Lab No. : 70230401004**

**Client Sample ID.: SPRITDEVI /4FLERANCE RD/KITCHN**

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	0.14		1	mg/L	1.3	09/29/2022 10:03	004 BP1N1/1
Lead	<1.0		1	ug/L	15	09/29/2022 10:03	004 BP1N1/1

Qualifiers:

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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 : 09/14/2022 04:15 AM Point

Received : 09/22/2022 09:35 AM Location

Collected By CLIENT

**Lab No. : 70230401005**

**Client Sample ID.: TROSD 9 KATHY ST KITCHEN**

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	0.17		1	mg/L	1.3	09/29/2022 10:06	005 BP1N1/1
Lead	<1.0		1	ug/L	15	09/29/2022 10:06	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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**Sample Information:**

Type: Drinking Water  
 Origin:

**Hampton Bays Water District**  
**P.O. Box 1013**  
**Hampton Bays, NY 11946**

**Lab No. : 70230401006**  
**Client Sample ID.: RENERS / 67 FORD AVE. B.R**

**Attn To :** Supt. McCuen  
 Federal ID : 5103704  
 Collected : 09/13/2022 04:15 AM Point  
 Received : 09/22/2022 09:35 AM Location  
 Collected By CLIENT

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	0.059		1	mg/L	1.3	09/29/2022 10:07	006 BP1N1/1
Lead	<1.0		1	ug/L	15	09/29/2022 10:07	006 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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 Origin:

**Hampton Bays Water District**

**P.O. Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Supt. McCuen**

Federal ID : 5103704

Collected : 09/14/2022 07:02 AM Point

Received : 09/22/2022 09:35 AM Location

Collected By CLIENT

**Lab No. : 70230401007**

**Client Sample ID.: CRUZ 14 RD CT / KITCHEN**

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	0.058		1	mg/L	1.3	09/29/2022 10:09	007 BP1N1/1
Lead	<1.0		1	ug/L	15	09/29/2022 10:09	007 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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**WorkOrder :**  
70230401

## 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

WO#: 70230401



1747

# Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

WELL RUN TO SYSTEM

Date: 9/20/22

Collected By: K. TUTTLES

Accepted By: Sped P-H-T, 9/22/22, 9:35 AM

Cooler Temp: 1.6 °C (3)

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

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 <sub>2</sub>	pH/Temp	Analysis	Lab No.
9/19/22/15:00 AM	PW	Lesage / D3 Nadeau Rd / Kitchen	D	-	RO			Lead + Copper	
9/19/22/15:00 AM	PW	Foley / D2 Jamies Ct / Bathroom	D	-	RO			Lead + Copper	
9/19/22/15:00 AM	PW	Searsburg Hall Street Ct / Kitchen	D	-	RO			Lead + Copper	
9/19/22/15:00 AM	PW	Spitzer / 4 Florence Rd / Kitchen	D	-	RO			Lead + Copper	
9/19/22/15:00 AM	PW	Trojill / 9 Kathy St / Kitchen	D	-	RO			Lead + Copper	
9/19/22/15:00 AM	PW	Roads / 67 Foster Ave S / Bathroom	D	-	RO			Lead + Copper	
9/19/22/15:00 AM	PW	Curt / 14 Leg Ct / Kitchen	D	-	RO			Lead + Copper	

Remarks:





Sample Condition Upon Re

WO#: 70230401

Client Name: Hampton BWD

Proj: **PM: KMM** **Due Date: 10/03/22**  
**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: T1148 Correction Factor: +0.1

Cooler Temperature(°C): 1.6 Cooler Temperature Corrected(°C): 1.7

Temp should be above freezing to 6.0°C

USDA Regulated Soil (  N/A, water sample)

Date and Initials of person examining contents: AS 9/22

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 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 OIL</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 <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 # <u>HL178067</u>		Sample # <u>All</u>
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 checked="" type="checkbox"/> No <input 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: <u>AS</u> Lot # of added preservative: <u>171939</u> Date/Time preservative added: <u>9/22 11:05</u>
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): _____		

Client Notification/ Resolution:

Field Data Required? Y / N

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_