



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. : 70240074**

Received : 12/14/22 4:30 PM  
 Sample Type : Drinking Water

Date Reported: 12/20/2022

Lab	Location	Collected	Units	E.coli	Total Coliforms	Field Residual
			Method	SM22 9223B Colilert	SM22 9223B Colilert	mg/L
			Limits	Absent	Absent	4
<b>70240074001</b>	HB12	12/14/22 7:30:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.75</b>
Routine Distribution	M. Layburn Squires Pond Rd.	Collected by: CLIENT	Analysis Time	12/15/22 11:40:00 AM	12/15/22 11:40:00 AM	12/14/22 7:30:00 AM
<b>70240074002</b>	HB13	12/14/22 7:45:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.68</b>
Routine Distribution	H.B. Bagel W. Montauk Hwy.	Collected by: CLIENT	Analysis Time	12/15/22 11:40:00 AM	12/15/22 11:40:00 AM	12/14/22 7:45:00 AM
<b>70240074003</b>	HB28	12/14/22 8:00:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.61</b>
Routine Distribution	Huebner Oakwood Rd.	Collected by: CLIENT	Analysis Time	12/15/22 11:40:00 AM	12/15/22 11:40:00 AM	12/14/22 8:00:00 AM
<b>70240074004</b>	HB29	12/14/22 8:15:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.57</b>
Routine Distribution	McFarland Ridgewood La.	Collected by: CLIENT	Analysis Time	12/15/22 11:40:00 AM	12/15/22 11:40:00 AM	12/14/22 8:15:00 AM
<b>70240074005</b>	HB16	12/14/22 8:35:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.66</b>
Routine Distribution	Spellman's Marine Rampasture Rd.	Collected by: CLIENT	Analysis Time	12/15/22 11:40:00 AM	12/15/22 11:40:00 AM	12/14/22 8:35:00 AM
<b>70240074006</b>	HB31	12/14/22 8:50:00 AM		<b>Absent</b>	<b>Absent</b>	<b>0.77</b>
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	12/15/22 11:40:00 AM	12/15/22 11:40:00 AM	12/14/22 8:50:00 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
70240074007	HB34 Routine Kappers Distribution 23 Washington Ave.	12/14/22 9:05:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/15/22 11:40:00 AM	<b>Absent</b> 12/15/22 11:40:00 AM	<b>0.79</b> 12/14/22 9:05:00 AM
70240074008	SPB#1 Routine SPB#1 Distribution Adj. Hydrant#465	12/14/22 9:35:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/15/22 11:40:00 AM	<b>Absent</b> 12/15/22 11:40:00 AM	<b>0.54</b> 12/14/22 9:35:00 AM
70240074009	HB21 Routine H.B. Fire Dept. Distribution Montauk Hwy.	12/14/22 9:55:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/15/22 11:40:00 AM	<b>Absent</b> 12/15/22 11:40:00 AM	<b>0.55</b> 12/14/22 9:55:00 AM
70240074010	HB5A Routine Sunday's By The Bay Distribution Dune Rd.	12/14/22 9:20:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/15/22 11:40:00 AM	<b>Absent</b> 12/15/22 11:40:00 AM	<b>0.48</b> 12/14/22 9:20:00 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

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**WorkOrder :**

70240074

## 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#: 70240074



70240074

# Sample Request Form PUBLIC WATER SUPPLIER

Date: 12-14-2022

Collected By: K. T. HILL

Accepted By: *[Signature]*

Cooler Temp: 63.2 °C

*Return To Lab  
12/14/22 1630*

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

### Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: ~~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>	Field Readings pH/Temp	Analysis	Lab No.
12/14/22 / 7:30AM	PW	#12	D	-	RO	.75	7.85	BACT w/CL	
12/14/22 / 7:45AM	PW	#13	D	-	RO	.68	7.73	BACT w/CL	
12/14/22 / 8:00AM	PW	#28	D	-	RO	.61	7.74	BACT w/CL	
12/14/22 / 8:15AM	PW	#29	D	-	RO	.57	7.75	BACT w/CL	
12/14/22 / 8:30AM	PW	#16	D	-	RO	.66	7.73	BACT w/CL	
12/14/22 / 8:50AM	PW	#31	D	-	RO	.77	7.61	BACT w/CL	
12/14/22 / 9:05AM	PW	#34	D	-	RO	.79	7.58	BACT w/CL	
12/14/22 / 9:30AM	PW	SPB #1	D	-	RO	.54	7.61	BACT w/CL	
12/14/22 / 9:55AM	PW	#21	D	-	RO	.55	7.64	BACT w/CL	
12/14/22 / 9:20AM	PW	#5A	D	-	RO	.48	7.63	BACT w/CL	

Remarks:

Client Name: HLW

WO#: 70240074

PM: KMM

Due Date: 12/23/22

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: 1148 Correction Factor: + 0.1

Cooler Temperature (°C): 3.2 Cooler Temperature Corrected (°C): 3.3

Temp should be above freezing to 6.0°C

USDA Regulated Soil [  N/A, water sample ]

Date and Initials of person examining contents: 12/14/22 KSD

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 type="checkbox"/> Yes	<input type="checkbox"/> No		2.
Chain of Custody Relinquished:	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No		5.
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes	<input type="checkbox"/> No		6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes	<input 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 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 type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input 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 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 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input 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 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 type="checkbox"/> N/A	16.
Trip Blank Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	17.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):				

Client Notification/ Resolution: \_\_\_\_\_

Field Data Required? Y / N

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

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

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