



575 Broad Hollow Road, Melville, NY 11747
 TEL: (516) 370-6000 FAX: (516) 886-5526
 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
PO Box 1013
Hampton Bays, NY 11946
Attn To : Keith Tuthill
 Federal ID : 5103704

Lab Project No. : 70199898

Received :01/05/22 4:55 PM
 Sample Type :Drinking Water

Date Reported: 11/19/2025

| 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 |
|-------------|---|---|---------------------------|---|--|------------------------------------|
| 70199898001 | HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave. | 1/5/22 7:36:00 AM Collected by: CLIENT | Analysis Time | Absent 1/6/22 11:54:00 AM | Absent 1/6/22 11:54:00 AM | 0.38 1/5/22 7:36:00 AM |
| 70199898002 | HB2 Routine Distribution R. Loetscher Wakeman Rd. | 1/5/22 7:45:00 AM Collected by: CLIENT | Analysis Time | Absent 1/6/22 11:54:00 AM | Absent 1/6/22 11:54:00 AM | 0.53 1/5/22 7:45:00 AM |
| 70199898003 | HB3 Routine Distribution U.S.C.G. Foster Ave. | 1/5/22 8:00:00 AM Collected by: CLIENT | Analysis Time | Absent 1/6/22 11:54:00 AM | Absent 1/6/22 11:54:00 AM | 0.41 1/5/22 8:00:00 AM |
| 70199898004 | HB4 Routine Distribution H.B. Elem School Ponquogue Ave. | 1/5/22 8:15:00 AM Collected by: CLIENT | Analysis Time | Absent 1/6/22 11:54:00 AM | Absent 1/6/22 11:54:00 AM | 0.47 1/5/22 8:15:00 AM |
| 70199898005 | HB5 Routine Distribution H.B. High School Argonne Rd. | 1/5/22 8:30:00 AM Collected by: CLIENT | Analysis Time | Absent 1/6/22 11:54:00 AM | Absent 1/6/22 11:54:00 AM | 0.38 1/5/22 8:30:00 AM |
| 70199898006 | HB6 Routine Distribution Strong Oil Montauk Hwy. East | 1/5/22 8:45:00 AM Collected by: CLIENT | Analysis Time | Absent 1/6/22 11:54:00 AM | Absent 1/6/22 11:54:00 AM | 0.28 1/5/22 8:45:00 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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|-------------|---|--|---------------------------|---|--|------------------------------------|
| 70199898007 | HB7 Routine Distribution SO. Town Parks & Rec | 1/5/22 9:00:00 AM Collected by: CLIENT | Analysis Time | Absent 1/6/22 11:54:00 AM | Absent 1/6/22 11:54:00 AM | 0.40 1/5/22 9:00:00 AM |
| 70199898008 | HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy. | 1/5/22 9:15:00 AM Collected by: CLIENT | Analysis Time | Absent 1/6/22 11:54:00 AM | Absent 1/6/22 11:54:00 AM | 0.41 1/5/22 9:15:00 AM |
| 70199898009 | HB8 Routine Distribution B. McCormack Bittersweet Ave. | 1/5/22 9:40:00 AM Collected by: CLIENT | Analysis Time | Absent 1/6/22 11:54:00 AM | Absent 1/6/22 11:54:00 AM | 0.58 1/5/22 9:40:00 AM |
| 70199898010 | HB10 Routine Distribution Pete's Deli Montauk Hwy. West | 1/5/22 10:00:00 AM Collected by: CLIENT | Analysis Time | Absent 1/6/22 11:54:00 AM | Absent 1/6/22 11:54:00 AM | 0.44 1/5/22 10:00:00 AM |
| 70199898011 | HB35 Routine Distribution Classic Beverage W. Montauk Hwy. | 1/5/22 10:17:00 AM Collected by: CLIENT | Analysis Time | Absent 1/6/22 11:54:00 AM | Absent 1/6/22 11:54:00 AM | 0.62 1/5/22 10:17:00 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 :

70199898

Laboratory Certifications

Pace Analytical Services, LLC - Melville, NY

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

Texas Certification #: T104704582

Florida Certification #: E871198

WO#: 70199898



70199898

11747
36

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

WELL RUN TO SYSTEM

Date: 1-5-22

Collected By: K. VUTCHILL

Accepted By: A. J. [Signature]

Cooler Temp: 2.3 °C

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 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 ₂ | pH/Temp | Analysis | Lab No. |
|----------------------|-------------|----------|--------|----------------|---------|--------------------------------|---------|------------|---------|
| 7:36 AM 1-5-22 | PW | #9 | D | - | RO | .38 | 7.24 | BACT w/ccl | |
| 7:45 AM 1-5-22 | PW | #2 | D | - | RO | .53 | 7.25 | BACT w/ccl | |
| 8:00 AM 1-5-22 | PW | #3 | D | - | RO | .41 | 7.19 | BACT w/ccl | |
| 8:15 AM 1-5-22 | PW | #4 | D | - | RO | .47 | 7.18 | BACT w/ccl | |
| 8:30 AM 1-5-22 | PW | #5 | D | - | RO | .39 | 7.20 | BACT w/ccl | |
| 8:45 AM 1-5-22 | PW | #6 | D | - | RO | .38 | 7.12 | BACT w/ccl | |
| 9:00 AM 1-5-22 | PW | #7 | D | - | RO | .40 | 7.24 | BACT w/ccl | |
| 9:15 AM 1-5-22 | PW | #27 | D | - | RO | .41 | 7.31 | BACT w/ccl | |
| 9:40 AM 1-5-22 | PW | #8 | D | - | RO | .58 | 7.14 | BACT w/ccl | |
| 10:00 AM 1-5-22 | PW | #10 | D | - | RO | .44 | 7.53 | BACT w/ccl | |
| 10:10 AM 1-5-22 | PW | #35 | D | - | RO | .62 | 7.58 | BACT w/ccl | |

Remarks:



Sample Condition Upon Receipt

WO#: 70199898

Client Name: HBW

Pro

PM: KMM

Due Date: 01/14/22

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

Correction Factor: 0.00

Temperature Blank Present: Yes No

Type of Ice: Wet Blue None

Cooler Temperature(°C): 2.3

Cooler Temperature Corrected(°C): 2.3

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: 1/5/22 1635

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) | <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 # | | | | Sample # |
| 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 | |
| Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DR0/8015 (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: