



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. : 70200569

Received :01/12/22 5:10 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
70200569001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	1/12/22 7:30:00 AM Collected by: CLIENT	Analysis Time	Absent 1/13/22 12:15:00 PM	Absent 1/13/22 12:15:00 PM	0.30 1/12/22 7:30:00 AM
70200569002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	1/12/22 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 1/13/22 12:15:00 PM	Absent 1/13/22 12:15:00 PM	0.60 1/12/22 7:45:00 AM
70200569003	HB28 Routine Huebner Distribution Oakwood Rd.	1/12/22 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 1/13/22 12:15:00 PM	Absent 1/13/22 12:15:00 PM	0.62 1/12/22 8:00:00 AM
70200569004	HB29 Routine McFarland Distribution Ridgewood La.	1/12/22 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 1/13/22 12:15:00 PM	Absent 1/13/22 12:15:00 PM	0.38 1/12/22 8:15:00 AM
70200569005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	1/12/22 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 1/13/22 12:15:00 PM	Absent 1/13/22 12:15:00 PM	0.50 1/12/22 8:45:00 AM
70200569006	SPB#1 Routine SPB#1 Distribution Adj. Hydrant#465	1/12/22 9:25:00 AM Collected by: CLIENT	Analysis Time	Absent 1/13/22 12:15:00 PM	Absent 1/13/22 12:15:00 PM	0.39 1/12/22 9:25:00 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.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Kimberley Mack



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70200569007	HB34 Routine Distribution Kappers 23 Washington Ave.	1/12/22 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 1/13/22 12:15:00 PM	Absent 1/13/22 12:15:00 PM	0.52 1/12/22 9:30:00 AM
70200569008	HB31 Routine Distribution Maryland Blvd.	1/12/22 9:05:00 AM Collected by: CLIENT	Analysis Time	Absent 1/13/22 12:15:00 PM	Absent 1/13/22 12:15:00 PM	0.60 1/12/22 9:05:00 AM
70200569009	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	1/12/22 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 1/13/22 12:15:00 PM	Absent 1/13/22 12:15:00 PM	0.24 1/12/22 9:45:00 AM
70200569010	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	1/12/22 10:05:00 AM Collected by: CLIENT	Analysis Time	Absent 1/13/22 12:15:00 PM	Absent 1/13/22 12:15:00 PM	0.54 1/12/22 10:05:00 AM

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

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WorkOrder :

70200569

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#: 70200569



1747

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Sample Request Form PUBLIC WATER SUPPLIER

*Return to Lab
1/14/22 1716*

Date: 1-12-22

Collected By: K. T. ...
Accepted By: [Signature]
Cooler Temp: 1.4 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Client Info:
Name or Code: HAMPTON BAYS WATER DISTRICT
Address: PO BOX 1013
HAMPTON BAYS, NEW YORK 11946
(631) 728-0179

Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____

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	

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings C ₂ pH/Temp	Analysis	Lab No.
7:30 AM 1-12-22	PW	#12	D	-	RO	0.30 7.88	BACT w/ CC	
7:45 AM 1-12-22	PW	#13	D	-	RO	.60 7.25	BACT w/ CC	
8:00 AM 1-12-22	PW	#28	D	-	RO	.62 7.29	BACT w/ CC	
8:15 AM 1-12-22	PW	#29	D	-	RO	.38 7.43	BACT w/ CC	
8:45 AM 1-12-22	PW	#16	D	-	RO	.50 7.14	BACT w/ CC	
9:15 AM 1-12-22	PW	SPB #1	D	-	RO	.39 7.32	BACT w/ CC	
9:30 AM 1-12-22	PW	Keppel #34	D	-	RO	.52 7.11	BACT w/ CC	
9:45 AM 1-12-22	PW	#31	D	-	RO	.60 7.07	BACT w/ CC	
9:45 AM 1-12-22	PW	#5A	D	-	RO	.24 7.04	BACT w/ CC	
10:05 AM 1-12-22	PW	#21	D	-	RO	.54 7.14	BACT w/ CC	

Remarks:

Client Name: HBW

Project

WO#: 70200569
PM: KMM
CLIENT: HBW
Due Date: 01/24/22

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: 0.000

Type of Ice: Wet Blue None

Cooler Temperature(°C): 1.4

Cooler Temperature Corrected(°C): 1.4

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: 1/12/22 1710

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: