



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. : 70206051**

Received :03/02/22 5:15 PM  
 Sample Type :Drinking Water

Date Reported:03/04/2022

| Lab         | Location  | Collected                                 | Units<br>Method<br>Limits | <u>E.coli</u><br>N/A<br>SM22 9223B Colilert<br>Absent | <u>Total Coliforms</u><br>N/A<br>SM22 9223B Colilert<br>Absent | <u>Field Residual</u><br>mg/L<br>4 |
|-------------|---|---|---------------------------|---|--|------------------------------------|
| 70206051001 | HB9<br>Routine Distribution<br>SO. Town Highway Dept.<br>Jackson Ave. | 3/2/22 8:00:00 AM<br>Collected by: CLIENT | Analysis Time             | <b>Absent</b><br>3/3/22 1:27:00 PM                    | <b>Absent</b><br>3/3/22 1:27:00 PM                             | <b>0.79</b><br>3/2/22 8:00:00 AM   |
| 70206051002 | HB2<br>Routine Distribution<br>R. Loetscher<br>Wakeman Rd.            | 3/2/22 8:15:00 AM<br>Collected by: CLIENT | Analysis Time             | <b>Absent</b><br>3/3/22 1:27:00 PM                    | <b>Absent</b><br>3/3/22 1:27:00 PM                             | <b>0.59</b><br>3/2/22 8:15:00 AM   |
| 70206051003 | HB3<br>Routine Distribution<br>U.S.C.G.<br>Foster Ave.                | 3/2/22 8:30:00 AM<br>Collected by: CLIENT | Analysis Time             | <b>Absent</b><br>3/3/22 1:27:00 PM                    | <b>Absent</b><br>3/3/22 1:27:00 PM                             | <b>0.37</b><br>3/2/22 8:30:00 AM   |
| 70206051004 | HB4<br>Routine Distribution<br>H.B. Elem School<br>Ponquogue Ave.     | 3/2/22 9:00:00 AM<br>Collected by: CLIENT | Analysis Time             | <b>Absent</b><br>3/3/22 1:27:00 PM                    | <b>Absent</b><br>3/3/22 1:27:00 PM                             | <b>0.51</b><br>3/2/22 9:00:00 AM   |
| 70206051005 | HB5<br>Routine Distribution<br>H.B. High School<br>Argonne Rd.        | 3/2/22 8:45:00 AM<br>Collected by: CLIENT | Analysis Time             | <b>Absent</b><br>3/3/22 1:27:00 PM                    | <b>Absent</b><br>3/3/22 1:27:00 PM                             | <b>0.54</b><br>3/2/22 8:45:00 AM   |
| 70206051006 | HB6<br>Routine Distribution<br>Strong Oil<br>Montauk Hwy. East        | 3/2/22 9:15:00 AM<br>Collected by: CLIENT | Analysis Time             | <b>Absent</b><br>3/3/22 1:27:00 PM                    | <b>Absent</b><br>3/3/22 1:27:00 PM                             | <b>0.48</b><br>3/2/22 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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Date Reported: 03/04/2022

| Lab         | Location  | Collected                                  | Units<br>Method<br>Limits | <u>E.coli</u><br>N/A<br>SM22 9223B Colilert<br>Absent | <u>Total Coliforms</u><br>N/A<br>SM22 9223B Colilert<br>Absent | <u>Field Residual</u><br>mg/L<br>4 |
|-------------|---|--|---------------------------|---|--|------------------------------------|
| 70206051007 | HB7<br>Routine Distribution<br>SO. Town Parks & Rec                   | 3/2/22 9:30:00 AM<br>Collected by: CLIENT  | Analysis Time             | <b>Absent</b><br>3/3/22 1:27:00 PM                    | <b>Absent</b><br>3/3/22 1:27:00 PM                             | <b>0.47</b><br>3/2/22 9:30:00 AM   |
| 70206051008 | HB8<br>Routine Distribution<br>B. McCormack<br>Bittersweet Ave.       | 3/2/22 10:00:00 AM<br>Collected by: CLIENT | Analysis Time             | <b>Absent</b><br>3/3/22 1:27:00 PM                    | <b>Absent</b><br>3/3/22 1:27:00 PM                             | <b>1.00</b><br>3/2/22 10:00:00 AM  |
| 70206051009 | HB27<br>Routine Distribution<br>Suffolk Cty. Hwy. Dept.<br>North Hwy. | 3/2/22 9:45:00 AM<br>Collected by: CLIENT  | Analysis Time             | <b>Absent</b><br>3/3/22 1:27:00 PM                    | <b>Absent</b><br>3/3/22 1:27:00 PM                             | <b>0.95</b><br>3/2/22 9:45:00 AM   |
| 70206051010 | HB10<br>Routine Distribution<br>Pete's Deli<br>Montauk Hwy. West      | 3/2/22 10:15:00 AM<br>Collected by: CLIENT | Analysis Time             | <b>Absent</b><br>3/3/22 1:27:00 PM                    | <b>Absent</b><br>3/3/22 1:27:00 PM                             | <b>0.51</b><br>3/2/22 10:15:00 AM  |
| 70206051011 | HB35<br>Routine<br>Routine<br>Classic Beverage<br>W. Montauk Hwy.     | 3/2/22 10:30:00 AM<br>Collected by: CLIENT | Analysis Time             | <b>Absent</b><br>3/3/22 1:27:00 PM                    | <b>Absent</b><br>3/3/22 1:27:00 PM                             | <b>0.69</b><br>3/2/22 10:30:00 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 :**

70206051

## 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# : 70206051**



70206051

747

**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 Request Form

## PUBLIC WATER SUPPLIER

*Return To Lab*  
*3/2/22 1715*  
 WELL OFF LINE

Date: 3-2-22  
 Collected By: *[Signature]*  
 Accepted By: *[Signature]*  
 Cooler Temp: 2.6 °C 1315

WELL RUN TO SYSTEM  
 YES  NO VOC'S PRESERVED WITH HCl

| 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 Cl <sub>2</sub> | Field Readings pH/Temp | Analysis  | Lab No. |
|----------------------|-------------|----------|--------|----------------|---------|--------------------------------|------------------------|-----------|---------|
| 3/2/22 / 8:20am      | PW          | #19      | D      | -              | RO      | .79                            | 7.97                   | BACT w/CC |         |
| 3/2/22 / 8:15am      | PW          | #2       | D      | -              | RO      | .59                            | 7.46                   | BACT w/CC |         |
| 3/2/22 / 8:30am      | PW          | #3       | D      | -              | RO      | .37                            | 7.26                   | BACT w/CC |         |
| 3/2/22 / 9:00am      | PW          | #4       | D      | -              | RO      | .51                            | 7.51                   | BACT w/CC |         |
| 3/2/22 / 9:45am      | PW          | #5       | D      | -              | RO      | .54                            | 7.40                   | BACT w/CC |         |
| 3/2/22 / 9:15am      | PW          | #6       | D      | -              | RO      | .48                            | 7.51                   | BACT w/CC |         |
| 3/2/22 / 9:30am      | PW          | #7       | D      | -              | RO      | .47                            | 7.30                   | BACT w/CC |         |
| 3/2/22 / 10:00am     | PW          | #8       | D      | -              | RO      | 1.00                           | 7.32                   | BACT w/CC |         |
| 3/2/22 / 9:45am      | PW          | #27      | D      | -              | RO      | .95                            | 7.52                   | BACT w/CC |         |
| 3/2/22 / 10:15am     | PW          | #10      | D      | -              | RO      | .51                            | 7.59                   | BACT w/CC |         |
| 3/2/22 / 10:30am     | PW          | #35      | D      | -              | RO      | .69                            | 7.50                   | BACT w/CC |         |

Remarks:



Sample Condition Upon Receipt

**WO# : 70206051**  
**PM: KMM** **Due Date: 03/14/22**  
**CLIENT: HBW**

Client Name: HBW

Project: \_\_\_\_\_

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: + 0.1

Cooler Temperature(°C): 2.6 Cooler Temperature Corrected(°C): 2.7

Temp should be above freezing to 6.0°C

USDA Regulated Soil (  N/A, water sample)

Date and Initials of person examining contents: 3/2/22 1715

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            |   | 10.   |
| Containers Intact:  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |   | 11.   |
| Filtered volume received for Dissolved tests  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A | 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.   |
| pH paper Lot #  |   |  |   |   |
| All containers needing preservation are found to be in compliance with method recommendation? |   |  |   | Sample #  |
| (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).                         |   |  |   | Initial when completed:                                 |
| Per Method, VOA pH is checked after analysis  |   |  |   | Lot # of added preservative:                            |
| Samples checked for dechlorination:   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            | Date/Time preservative added:                           |
| KI starch test strips Lot #   |   |  |   |   |
| Residual chlorine strips Lot #  |   |  |   | Positive for Res. Chlorine? Y N                         |
| SM 4500 CN samples checked for sulfide?   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            | 14.   |
| Lead Acetate Strips Lot #   |   |  |   | Positive for Sulfide? Y N                               |
| Headspace in VOA Vials (>6mm):  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            | 15.   |
| Trip Blank Present:   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            | 16.   |
| Trip Blank Custody Seals Present  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            | 17.   |
| Pace Trip Blank Lot # (if applicable): _____  |   |  |   |   |

Client Notification/ Resolution: \_\_\_\_\_ Field Data Required? Y / N  
 Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Comments/ Resolution: \_\_\_\_\_