



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

Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

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

Lab No. : 70206052001
Client Sample ID.: S-15687

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 03/02/2022 10:14 AM Point S-15687
 Received : 03/02/2022 05:15 PM Location Well #1-1
 Collected By CLIENT

Sample Comments:
 RUN TO WASTE

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/02/2022 7:27 PM		
<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>
E.coli	Absent		1		Absent	03/03/2022 1:27 PM	001 SP5T1/1
Total Coliforms	Absent		1		Absent	03/03/2022 1:27 PM	001 SP5T1/1

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

Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.

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

Date Reported: 03/04/2022



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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/02/2022 09:55 AM Point S-24848

Received : 03/02/2022 05:15 PM Location Well #1-2

Collected By CLIENT

Sample Comments:

RUN TO WASTE

Lab No. : 70206052002

Client Sample ID.: S-24848

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/02/2022 7:27 PM		
<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>
E.coli	Absent		1		Absent	03/03/2022 1:27 PM	002 SP5T1/1
Total Coliforms	Absent		1		Absent	03/03/2022 1:27 PM	002 SP5T1/1

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Type: Drinking Water
 Origin: Raw Well
 Routine

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

Lab No. : 70206052003
Client Sample ID.: S-31636

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 03/02/2022 09:40 AM Point S-31636
 Received : 03/02/2022 05:15 PM Location Well #1-3
 Collected By CLIENT

Sample Comments:
 RUN TO WASTE

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/02/2022 7:27 PM		
<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>
E.coli	Absent		1		Absent	03/03/2022 1:27 PM	003 SP5T1/1
Total Coliforms	Absent		1		Absent	03/03/2022 1:27 PM	003 SP5T1/1

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 Origin: Raw Well
 Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/02/2022 08:00 AM Point S-50970

Received : 03/02/2022 05:15 PM Location Well #2-1

Collected By CLIENT

Lab No. : 70206052004

Client Sample ID.: S-50970

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/02/2022 7:27 PM		
<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>
E.coli	Absent		1		Absent	03/03/2022 1:27 PM	004 SP5T1/1
Total Coliforms	Absent		1		Absent	03/03/2022 1:27 PM	004 SP5T1/1

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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/02/2022 07:45 AM Point S-74071

Received : 03/02/2022 05:15 PM Location Well #2-2

Collected By CLIENT

Lab No. : 70206052005

Client Sample ID.: S-74071

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/02/2022 7:27 PM		
<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>
E.coli	Absent		1		Absent	03/03/2022 1:27 PM	005 SP5T1/1
Total Coliforms	Absent		1		Absent	03/03/2022 1:27 PM	005 SP5T1/1

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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

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

Lab No. : 70206052006
Client Sample ID.: S-58350

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 03/02/2022 08:45 AM Point S-58350
 Received : 03/02/2022 05:15 PM Location Well #3-1
 Collected By CLIENT

Sample Comments:
 RUN TO WASTE

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/02/2022 7:27 PM		
<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>
E.coli	Absent		1		Absent	03/03/2022 1:27 PM	006 SP5T1/1
Total Coliforms	Absent		1		Absent	03/03/2022 1:27 PM	006 SP5T1/1

Qualifiers:

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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/02/2022 09:00 AM Point S-58352

Received : 03/02/2022 05:15 PM Location Well #3-3

Collected By CLIENT

Sample Comments:

RUN TO WASTE

Lab No. : 70206052007

Client Sample ID.: S-58352

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/02/2022 7:27 PM		
<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>
E.coli	Absent		1		Absent	03/03/2022 1:27 PM	007 SP5T1/1
Total Coliforms	Absent		1		Absent	03/03/2022 1:27 PM	007 SP5T1/1

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Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/02/2022 08:15 AM Point S-108065

Received : 03/02/2022 05:15 PM Location Well #4-1

Collected By CLIENT

Lab No. : 70206052008

Client Sample ID.: S-108065

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/02/2022 7:27 PM		
<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>
E.coli	Absent		1		Absent	03/03/2022 1:27 PM	008 SP5T1/1
Total Coliforms	Absent		1		Absent	03/03/2022 1:27 PM	008 SP5T1/1

Qualifiers:

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Date Reported: 03/04/2022

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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

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

Lab No. : 70206052009
Client Sample ID.: S-108066

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 03/02/2022 08:30 AM Point S-108066
 Received : 03/02/2022 05:15 PM Location Well #4-2
 Collected By CLIENT

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/02/2022 7:27 PM		
<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>
E.coli	Absent		1		Absent	03/03/2022 1:27 PM	009 SP5T1/1
Total Coliforms	Absent		1		Absent	03/03/2022 1:27 PM	009 SP5T1/1

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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

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

Lab No. : 70206052010
Client Sample ID.: S-127163

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 03/02/2022 09:20 AM Point S-127163
 Received : 03/02/2022 05:15 PM Location Well #5-1
 Collected By CLIENT

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 03/02/2022 7:27 PM		
<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>
E.coli	Absent		1		Absent	03/03/2022 1:27 PM	010 SP5T1/1
Total Coliforms	Absent		1		Absent	03/03/2022 1:27 PM	010 SP5T1/1

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 ND - Not Detected at or above adjusted reporting limit.
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WorkOrder :
70206052

Laboratory Certifications

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#: 70206052



70206052

Sample Request Form PUBLIC WATER SUPPLIER

*Return to Lab
3/2/22 1715*
 WELL OFF LINE 3-2

Date: 3-2-22

Collected By: K. TUTT HILL
Accepted By: [Signature]
Cooler Temp: 2.6 °C

WELL RUN TO SYSTEM

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	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 ₂ pH/Temp	Analyst	Lab No.
3/2/22/10:14AM	GW	Well 1-1	RW	-	RO		BACT NO CL	
3/2/22/9:55AM	GW	Well 1-2	RW	-	RO		BACT NO CL	
3/2/22/9:40AM	GW	Well 1-3	RW	-	RO		BACT NO CL	
3/2/22/8:00AM	GW	Well 2-1	RW	-	RO		BACT NO CL	
3/2/22/7:45AM	GW	Well 2-2	RW	-	RO		BACT NO CL	
3/2/22/8:45AM	GW	Well 3-1	RW	-	RO		BACT NO CL	
3/2/22/9:00AM	GW	Well 3-3	RW	-	RO		BACT NO CL	
3/2/22/8:15AM	GW	Well 4-1	RW	-	RO		BACT NO CL	
3/2/22/8:30AM	GW	Well 4-2	RW	-	RO		BACT NO CL	
3/2/22/9:20AM	GW	Well 5-1	RW	-	RO		BACT NO CL	

Remarks: Wells 1-1, 1-2, 1-3, 3-1, 3-3 ran to waste



Sample Condition Upon Receipt

Client Name: HBW

Proj

WO#: 70206052

PM: KMM

Due Date: 03/14/22

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: + 0.1

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 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Sample #
(HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, NAOH>12 Cyanide)				
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	15.
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	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):				

Field Data Required? Y / N

Client Notification/ Resolution:

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____

* PM (Project Manager) review is documented electronically in LIMS.