



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. : 70206844

Received :03/09/22 5:30 PM
 Sample Type :Drinking Water

Date Reported:03/14/2022

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
70206844001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	3/9/22 7:35:00 AM Collected by: CLIENT	Analysis Time	Absent 3/10/22 1:00:00 PM	Absent 3/10/22 1:00:00 PM	0.38 3/9/22 7:35:00 AM
70206844002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	3/9/22 7:50:00 AM Collected by: CLIENT	Analysis Time	Absent 3/10/22 1:00:00 PM	Absent 3/10/22 1:00:00 PM	0.74 3/9/22 7:50:00 AM
70206844003	HB28 Routine Distribution Huebner Oakwood Rd.	3/9/22 8:05:00 AM Collected by: CLIENT	Analysis Time	Absent 3/10/22 1:00:00 PM	Absent 3/10/22 1:00:00 PM	0.70 3/9/22 8:05:00 AM
70206844004	HB29 Routine Distribution McFarland Ridgewood La.	3/9/22 8:20:00 AM Collected by: CLIENT	Analysis Time	Absent 3/10/22 1:00:00 PM	Absent 3/10/22 1:00:00 PM	0.51 3/9/22 8:20:00 AM
70206844005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	3/9/22 8:50:00 AM Collected by: CLIENT	Analysis Time	Absent 3/10/22 1:00:00 PM	Absent 3/10/22 1:00:00 PM	0.64 3/9/22 8:50:00 AM
70206844006	HB34 Routine Distribution Kappers 23 Washington Ave.	3/9/22 9:05:00 AM Collected by: CLIENT	Analysis Time	Absent 3/10/22 1:00:00 PM	Absent 3/10/22 1:00:00 PM	0.68 3/9/22 9:05:00 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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70206844007	HB31 Routine Distribution Maryland Blvd.	3/9/22 8:35:00 AM Collected by: CLIENT	Analysis Time	Absent 3/10/22 1:00:00 PM	Absent 3/10/22 1:00:00 PM	0.54 3/9/22 8:35:00 AM
70206844008	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	3/9/22 9:20:00 AM Collected by: CLIENT	Analysis Time	Absent 3/10/22 1:00:00 PM	Absent 3/10/22 1:00:00 PM	0.46 3/9/22 9:20:00 AM
70206844009	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	3/9/22 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 3/10/22 1:00:00 PM	Absent 3/10/22 1:00:00 PM	0.68 3/9/22 10:00:00 AM
70206844010	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	3/9/22 9:40:00 AM Collected by: CLIENT	Analysis Time	Absent 3/10/22 1:00:00 PM	Absent 3/10/22 1:00:00 PM	0.60 3/9/22 9:40:00 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 :

70206844

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

Sample Request Form PUBLIC WATER SUPPLIER

WO#: 70206844



70206844

Return to Lab
3/9/22 1730

Date: 3-9-22

Collected By: K. TUTHILL / J. KAPERS

Accepted By: [Signature]

Cooler Temp: 4.1 °C / 1390

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCI

Client Info:
Name or Code: HAMPTON BAYS WATER DISTRICT
Address: RO-PGX-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	Field Readings pH/Temp	Analysis	Lab No.
3/9/22 / 7:52AM	PW	#12	D	-	RO	.38	7.94	BACT w/ CL	
3/9/22 / 7:52AM	PW	#13	D	-	RO	.74	7.61	BACT w/ CL	
3/9/22 / 8:05AM	PW	#28	D	-	RO	.70	7.58	BACT w/ CL	
3/9/22 / 8:20AM	PW	#29	D	-	RO	.51	7.48	BACT w/ CL	
3/9/22 / 8:50AM	PW	#16	D	-	RO	.64	7.72	BACT w/ CL	
3/9/22 / 9:05AM	PW	#34	D	-	RO	.68	7.65	BACT w/ CL	
3/9/22 / 9:55AM	PW	#31	D	-	RO	.54	7.46	BACT w/ CL	
3/9/22 / 9:55AM	PW	#5A	D	-	RO	.46	7.69	BACT w/ CL	
3/9/22 / 10:50AM	PW	#21	D	-	RO	.68	7.51	BACT w/ CL	
3/9/22 / 9:50AM	PW	SPB #1	D	-	RO	.60	7.60	BACT w/ CL	
3/9/22 / 8:35AM	GW	Well 1-3	GW	-	RO			VOC	

Remarks:

RAW TO WASTE: 1-3



Sample Condition Upon Receipt

WO#: 70206844

Client Name: H, BW

Project: PM: KMM

Due Date: 03/21/22

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): 4.1

Cooler Temperature Corrected (°C): 4.2

Temperature Blank Present: Yes No

Type of Ice: Wet Blue None

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: 3/9/22 1730

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC,

Did samples originate from a foreign source

NM, NY, OK, OR, SC, TN, TX, or VA (check map)? Yes No

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.

Table with 17 rows and 3 columns. Columns: Question, Yes/No/N/A, and Comments. Includes items like Chain of Custody Present, Samples Arrived within Hold Time, etc.

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: