



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

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 03/09/2022 08:30 AM Point S-31636

Received : 03/09/2022 05:30 PM Location Well #1-3

Collected By CLIENT

Sample Comments:

RUN TO WASTE

Lab No. : 70206845001

Client Sample ID.: S-31636

Analytical Method: EPA 524.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
1,1,1,2-Tetrachloroethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,1,1-Trichloroethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,1,2,2-Tetrachloroethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,1,2-Trichloroethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,1,2-Trichlorotrifluoroethane	<0.50	N3	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,1-Dichloroethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,1-Dichloroethene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,1-Dichloropropene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,2,3-Trichlorobenzene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,2,3-Trichloropropane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,2,4-Trichlorobenzene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,2,4-Trimethylbenzene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,2-Dichlorobenzene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,2-Dichloroethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,2-Dichloropropane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,3,5-Trimethylbenzene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,3-Dichlorobenzene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,3-Dichloropropane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
1,4-Dichlorobenzene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
2,2-Dichloropropane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
2-Chlorotoluene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
4-Chlorotoluene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Benzene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Bromobenzene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Bromochloromethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Bromodichloromethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Bromoform	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Bromomethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Carbon tetrachloride	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Chlorobenzene	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Chlorodifluoromethane	<0.50	N3	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Chloroethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Chloroform	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Chloromethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Dibromochloromethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Dibromomethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Dichlorodifluoromethane	<0.50		1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1

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
 See qualifiers page for additional qualifier definitions.

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.



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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. : 70206845001
Client Sample ID.: S-31636

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 03/09/2022 08:30 AM Point S-31636
 Received : 03/09/2022 05:30 PM Location Well #1-3
 Collected By CLIENT

Sample Comments:
 RUN TO WASTE

Ethylbenzene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Hexachloro-1,3-butadiene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Isopropylbenzene (Cumene)	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Methyl-tert-butyl ether	<0.50	1	ug/L	10	03/21/2022 6:19 PM	001 VG9C1/1
Methylene Chloride	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Styrene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Tetrachloroethene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Toluene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Total Trihalomethanes (Calc.)	<0.50	1	ug/L	80	03/21/2022 6:19 PM	001 VG9C1/1
Trichloroethene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Trichlorofluoromethane	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Vinyl chloride	<0.50	1	ug/L	2	03/21/2022 6:19 PM	001 VG9C1/1
cis-1,2-Dichloroethene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
cis-1,3-Dichloropropene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
m&p-Xylene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
n-Butylbenzene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
n-Propylbenzene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
o-Xylene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
p-Isopropyltoluene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
sec-Butylbenzene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
tert-Butylbenzene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
trans-1,2-Dichloroethene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
trans-1,3-Dichloropropene	<0.50	1	ug/L	5	03/21/2022 6:19 PM	001 VG9C1/1
Surr: 1,2-Dichlorobenzene-d4 (S)	82%	1	%REC		03/21/2022 6:19 PM	001 VG9C1/1
Surr: 4-Bromofluorobenzene (S)	88%	1	%REC		03/21/2022 6:19 PM	001 VG9C1/1

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WorkOrder :
70206845

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



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Additional Qualifiers

N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.

WO#: 70206845



70206845

Sample Request Form PUBLIC WATER SUPPLIER

Date: 3-9-22

Collected By: K. TOTH (C) J. SAPPERS

Accepted By: [Signature] 3/9/22

Cooler Temp: 4.1 °C / 139.0

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: RO BOX 1013

(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		Analysis	Lab No.
						Cl ₂	pH/Temp		
3/9/22 / 7:35AM	PW	#12	D	-	RO	.38	7.94	BACT w/ CL	
3/9/22 / 7:50AM	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 / 8:55AM	PW	#31	D	-	RO	.54	7.46	BACT w/ CL	
3/9/22 / 9:20AM	PW	#5A	D	-	RO	.46	7.69	BACT w/ CL	
3/9/22 / 10:00AM	PW	#21	D	-	RO	.68	7.51	BACT w/ CL	
3/9/22 / 9:40AM	PW	SPB #1	D	-	RO	.60	7.60	BACT w/ CL	
3/9/22 / 8:35AM	GW	Well 1-3	GW	-	RO			VOC	001

Remarks:

PLAN TO WASTE: 1-3



Sample Condition Upon Receipt

WO#: 70206845

Client Name: HBW

Project: 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

Temperature Blank Present: Yes No

Type of Ice: Wet Blue None

Cooler Temperature(°C): 4.1

Cooler Temperature Corrected(°C): 4.2

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, 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 type="checkbox"/> Yes	<input checked="" 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				
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: <u>SL WT OIL</u>						
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 Sample # _____	
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 checked="" type="checkbox"/> N/A			
(HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, NAOH>12 Cyanide)						
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 [water].						
Per Method, VOA pH is checked after analysis						
Samples checked for dechlorination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	14.	Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____ 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 checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	16.		
Trip Blank Present:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input 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: _____