



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. : 70210926

Received :04/13/22 1:05 PM
 Sample Type :Drinking Water

Date Reported:04/15/2022

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
70210926001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	4/13/22 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 4/14/22 12:05:00 PM	Absent 4/14/22 12:05:00 PM	0.40 4/13/22 8:00:00 AM
70210926002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	4/13/22 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 4/14/22 12:05:00 PM	Absent 4/14/22 12:05:00 PM	0.94 4/13/22 8:15:00 AM
70210926003	HB28 Routine Distribution Huebner Oakwood Rd.	4/13/22 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 4/14/22 12:05:00 PM	Absent 4/14/22 12:05:00 PM	0.83 4/13/22 8:30:00 AM
70210926004	HB29 Routine Distribution McFarland Ridgewood La.	4/13/22 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 4/14/22 12:05:00 PM	Absent 4/14/22 12:05:00 PM	0.61 4/13/22 8:45:00 AM
70210926005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	4/13/22 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 4/14/22 12:05:00 PM	Absent 4/14/22 12:05:00 PM	0.57 4/13/22 9:00:00 AM
70210926006	HB34 Routine Distribution Kappers 23 Washington Ave.	4/13/22 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 4/14/22 12:05:00 PM	Absent 4/14/22 12:05:00 PM	0.70 4/13/22 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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70210926007	HB31 Routine Distribution Maryland Blvd.	4/13/22 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 4/14/22 12:05:00 PM	Absent 4/14/22 12:05:00 PM	0.79 4/13/22 9:30:00 AM
70210926008	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	4/13/22 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 4/14/22 12:05:00 PM	Absent 4/14/22 12:05:00 PM	0.35 4/13/22 9:45:00 AM
70210926009	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	4/13/22 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 4/14/22 12:05:00 PM	Absent 4/14/22 12:05:00 PM	0.61 4/13/22 10:00:00 AM
70210926010	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	4/13/22 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 4/14/22 12:05:00 PM	Absent 4/14/22 12:05:00 PM	0.67 4/13/22 10:15:00 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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FM = Iron/Manganese Removal	
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WorkOrder :

70210926

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#: 70210926



70210926

747

Sample Request Form PUBLIC WATER SUPPLIER

*Return to Lab
4/13/22 1655*

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Date: 4/13/22
Collected By: K. T. THILY
Accepted By: [Signature]
Cooler Temp: 1.5 °C

Client Info: HAMPTON BAYS WATER DISTRICT
P.O. BOX 1013
Name or Code: HAMPTON BAYS, NEW YORK 11946
Address: (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	Analysis	Lab No.
4/13/22/0800	PW	#12	D	-	RO	7.98	BACT w/ccl	
4/13/22/0815	PW	#13	D	-	RO	7.29	BACT w/ccl	
4/13/22/0830	PW	#28	D	-	RO	7.17	BACT w/ccl	
4/13/22/0845	PW	#29	D	-	RO	7.33	BACT w/ccl	
4/13/22/0900	PW	#16	D	-	RO	7.21	BACT w/ccl	
4/13/22/0915	PW	#34	D	-	RO	7.27	BACT w/ccl	
4/13/22/0930	PW	#31	D	-	RO	7.39	BACT w/ccl	
4/13/22/0945	PW	#5A	D	-	RO	7.55	BACT w/ccl	
4/13/22/1000	PW	#21	D	-	RO	7.25	BACT w/ccl	
4/13/22/1015	PW	SRB #1	D	-	RO	7.38	BACT w/ccl	
4/13/22/1530	GW	Voc well 1-3 (see source)	RW	-	RO		Voc well 1-3	

Remarks:

1-3 RAN TO WASTE



Sample Condition Upon Receipt

WO#: 70210926

Client Name: HBW

Project: PM: KMM Due Date: 04/22/22 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): 1.5 Cooler Temperature Corrected (C): 1.6

Temp should be above freezing to 6.0C USDA Regulated Soil (N/A, water sample)

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

Date and Initials of person examining contents: [Signature] 4/13/22 1655

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.

Table with 17 rows and 3 columns. Columns: Question, Yes/No/N/A, Comments. Rows include Chain of Custody Present, Filtered volume received for Dissolved tests, All containers needing preservation have been checked?, Samples checked for dechlorination, etc.

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