



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. : 70212592001
Client Sample ID.: S-15687

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/27/2022 07:45 AM Point S-15687
 Received : 04/27/2022 12:35 PM Location Well #1-1
 Collected By CLIENT

Sample Comments:

Samples were received on the same day of collection not on ice and are above 6 degrees Celcius. Samples were placed on ice by the lab and the cooling process has begun.

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 04/27/2022 6:55 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	04/28/2022 12:55	001 SP5T1/1
Total Coliforms	Absent		1		Absent	04/28/2022 12:55	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: 04/29/2022



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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. : 70212592002
Client Sample ID.: S-24848

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/27/2022 08:00 AM Point S-24848
 Received : 04/27/2022 12:35 PM Location Well #1-2
 Collected By CLIENT

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 04/27/2022 6:55 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	04/28/2022 12:55	002 SP5T1/1
Total Coliforms	Absent		1		Absent	04/28/2022 12:55	002 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 : 04/27/2022 08:30 AM Point S-31636

Received : 04/27/2022 12:35 PM Location Well #1-3

Collected By CLIENT

Lab No. : 70212592003

Client Sample ID.: S-31636

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 04/27/2022 6:55 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	04/28/2022 12:55	003 SP5T1/1
Total Coliforms	Absent		1		Absent	04/28/2022 12:55	003 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

Lab No. : 70212592004
Client Sample ID.: GAC BLENDED EFFLUENT

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/27/2022 08:15 AM Point GAC BLENDED
 Received : 04/27/2022 12:35 PM Location GAC BLENDED EFFLUENT
 Collected By CLIENT

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 04/27/2022 6:55 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	04/28/2022 12:55	004 SP5T1/1
Total Coliforms	Absent		1		Absent	04/28/2022 12:55	004 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 : 04/27/2022 08:45 AM Point S-50970

Received : 04/27/2022 12:35 PM Location Well #2-1

Collected By CLIENT

Lab No. : 70212592005

Client Sample ID.: S-50970

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 04/27/2022 6:55 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	04/28/2022 12:55	005 SP5T1/1
Total Coliforms	Absent		1		Absent	04/28/2022 12:55	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. : 70212592006
Client Sample ID.: S-74071

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/27/2022 09:00 AM Point S-74071
 Received : 04/27/2022 12:35 PM Location Well #2-2
 Collected By CLIENT

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 04/27/2022 6:55 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	04/28/2022 12:55	006 SP5T1/1
Total Coliforms	Absent		1		Absent	04/28/2022 12:55	006 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. : 70212592007
Client Sample ID.: S-58350

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/27/2022 09:20 AM Point S-58350
 Received : 04/27/2022 12:35 PM Location Well #3-1
 Collected By CLIENT

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 04/27/2022 6:55 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	04/28/2022 12:55	007 SP5T1/1
Total Coliforms	Absent		1		Absent	04/28/2022 12:55	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 : 04/27/2022 09:40 AM Point S-58351

Received : 04/27/2022 12:35 PM Location Well #3-2

Collected By CLIENT

Lab No. : 70212592008

Client Sample ID.: S-58351

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 04/27/2022 6:55 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	04/28/2022 12:55	008 SP5T1/1
Total Coliforms	Absent		1		Absent	04/28/2022 12:55	008 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 : 04/27/2022 09:45 AM Point S-58352

Received : 04/27/2022 12:35 PM Location Well #3-3

Collected By CLIENT

Lab No. : 70212592009

Client Sample ID.: S-58352

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 04/27/2022 6:55 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	04/28/2022 12:55	009 SP5T1/1
Total Coliforms	Absent		1		Absent	04/28/2022 12:55	009 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 : 04/27/2022 10:05 AM Point S-108065

Received : 04/27/2022 12:35 PM Location Well #4-1

Collected By CLIENT

Lab No. : 70212592010

Client Sample ID.: S-108065

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 04/27/2022 6:55 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	04/28/2022 12:55	010 SP5T1/1
Total Coliforms	Absent		1		Absent	04/28/2022 12:55	010 SP5T1/1

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 Origin: Raw Well
 Routine

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

Lab No. : 70212592011
Client Sample ID.: S-108066

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/27/2022 10:25 AM Point S-108066
 Received : 04/27/2022 12:35 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> 04/27/2022 6:55 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	04/28/2022 12:55	011 SP5T1/1
Total Coliforms	Absent		1		Absent	04/28/2022 12:55	011 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. : 70212592012
Client Sample ID.: S-127163

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 04/27/2022 10:50 AM Point S-127163
 Received : 04/27/2022 12:35 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> 04/27/2022 6:55 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	04/28/2022 12:55	012 SP5T1/1
Total Coliforms	Absent		1		Absent	04/28/2022 12:55	012 SP5T1/1

Qualifiers:

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WorkOrder :

70212592

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#: 70212592

 70212592

Sample Request Form PUBLIC WATER SUPPLIER



575 Broad Hollow Rd., Melville, NY 11747
 (631) 694-3040 Fax: (631) 420-8436

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: _____

Date: 4/27/22
 Collected By: J. Koppers
 Accepted By: [Signature] 4/27 12:35
 Cooler Temp: 4.8 °C

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 ₂	pH/Temp	Analysis	Lab No.
4/27/22 / 7:45am	GW	Well 1-1	RW	-	RO			BACT / NO CL	
4/27/22 / 8:20am	GW	Well 1-2	RW	-	RO			BACT / NO CL	
4/27/22 / 8:30am	GW	Well 1-3	RW	-	RO			BACT / NO CL	
4/27/22 / 8:15am	GW	GAC Blended Effluent	RW	-	RO			BACT / NO CL	
4/27/22 / 9:15am	GW	Well 2-1	RW	-	RO			BACT / NO CL	
4/27/22 / 9:20am	GW	Well 2-2	RW	-	RO			BACT / NO CL	
4/27/22 / 9:20am	GW	Well 3-1	RW	-	RO			BACT / NO CL	
4/27/22 / 9:40am	GW	Well 3-2	RW	-	RO			BACT / NO CL	
4/27/22 / 9:45am	GW	Well 3-3	RW	-	RO			BACT / NO CL	
4/27/22 / 10:55am	GW	Well 4-1	RW	-	RO			BACT / NO CL	
4/27/22 / 10:55am	GW	Well 4-2	RW	-	RO			BACT / NO CL	

Remarks:



Sample Condition Upon Receipt

WO#: 70212592

Client Name: _____

Project _____

PM: KMM

Due Date: 05/06/22

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): 11.8 Cooler Temperature Corrected(°C): 11.9

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: 4-27-22 NBS

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 type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input 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 type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for)	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Containers Intact:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	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 type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID, Matrix: <u>SL (W) 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
pH paper Lot #		Sample #
All containers needing preservation are found to be in compliance with method recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, NAOH>12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Initial when completed: Lot # of added preservative: Date/Time preservative added:
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		
Samples checked for dechlorination: KI starch test strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #		
SM 4500 CN samples checked for sulfide? Lead Acetate Strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15. Positive for Sulfide? Y N
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: _____

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