



575 Broad Hollow Road, Melville, NY 11747  
 TEL: (516) 370-6000 FAX: (516) 886-5526  
 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. : 70252573**

Received :04/12/23 2:05 PM  
 Sample Type :Drinking Water

Date Reported:04/17/2023

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
70252573001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	4/12/23 8:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/13/23 11:30:00 AM	<b>Absent</b> 4/13/23 11:30:00 AM	<b>0.51</b> 4/12/23 8:00:00 AM
70252573002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	4/12/23 8:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/13/23 11:30:00 AM	<b>Absent</b> 4/13/23 11:30:00 AM	<b>0.77</b> 4/12/23 8:15:00 AM
70252573003	HB28 Routine Huebner Distribution Oakwood Rd.	4/12/23 8:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/13/23 11:30:00 AM	<b>Absent</b> 4/13/23 11:30:00 AM	<b>0.71</b> 4/12/23 8:30:00 AM
70252573004	HB29 Routine McFarland Distribution Ridgewood La.	4/12/23 8:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/13/23 11:30:00 AM	<b>Absent</b> 4/13/23 11:30:00 AM	<b>0.71</b> 4/12/23 8:45:00 AM
70252573005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	4/12/23 9:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/13/23 11:30:00 AM	<b>Absent</b> 4/13/23 11:30:00 AM	<b>0.61</b> 4/12/23 9:00:00 AM
70252573006	HB34 Routine Kappers Distribution 23 Washington Ave.	4/12/23 9:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/13/23 11:30:00 AM	<b>Absent</b> 4/13/23 11:30:00 AM	<b>0.67</b> 4/12/23 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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Date Reported:04/17/2023

Lab	Location	Collected	Units	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
			Method	N/A	N/A	mg/L
			Limits	SM22 9223B Colilert	SM22 9223B Colilert	
70252573007	HB31	4/12/23 9:30:00 AM		Absent	Absent	4
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	4/13/23 11:30:00 AM	4/13/23 11:30:00 AM	4/12/23 9:30:00 AM
70252573008	SPB#1	4/12/23 9:45:00 AM		Absent	Absent	0.75
Routine Distribution	SPB#1 Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	4/13/23 11:30:00 AM	4/13/23 11:30:00 AM	4/12/23 9:45:00 AM
70252573009	HB5A	4/12/23 10:00:00 AM		Absent	Absent	0.80
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	4/13/23 11:30:00 AM	4/13/23 11:30:00 AM	4/12/23 10:00:00 AM
70252573010	HB21	4/12/23 10:15:00 AM		Absent	Absent	0.39
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	4/13/23 11:30:00 AM	4/13/23 11:30:00 AM	4/12/23 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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A = Air Stripper	G = Granular Activated
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**WorkOrder :**

70252573

## Laboratory Certifications

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**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

*Return to Lab  
4/12/23 1600*

Date: 4-12-2023

Collected By: G. Valentine  
Accepted By: [Signature]  
Cooler Temp: 2.4 °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 <sub>2</sub>	pH/Temp	Analysis	Lab No.
4/12/23/800	PW	#12	D	-	RO	.51	7.42	BACT w/ CC	
4/12/23/815	PW	#13	D	-	RO	.77	7.33	BACT w/ CC	
4/12/23/830	PW	#28	D	-	RO	.71	7.47	BACT w/ CC	
4/12/23/845	PW	#29	D	-	RO	.71	7.45	BACT w/ CC	
4/12/23/900	PW	#16	D	-	RO	.61	7.39	BACT w/ CC	
4/12/23/915	PW	#34	D	-	RO	.67	7.54	BACT w/ CC	
4/12/23/930	PW	#31	D	-	RO	.75	7.77	BACT w/ CC	
4/12/23/945	PW	SPB #1	D	-	RO	.80	7.92	BACT w/ CC	
4/12/23/1000	PW	#5A	D	-	RO	.39	7.89	BACT w/ CC	
4/12/23/1015	PW	#21	D	-	RO	.70	7.55	BACT w/ CC	

Remarks: \_\_\_\_\_



Courier:  FedEx  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 46149 Correction Factor: -0.3 2.5  
 Cooler Temperature(°C): 2.4 Cooler Temperature Corrected(°C): \_\_\_\_\_  
 Temp should be above freezing to 6.0°C  
 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 S035A kits placed in freezer

Date and Initials of person examining contents: 4/12/23 1600

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 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 lead)	<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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input 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 WL DIL</u>			
All containers needing preservation have been checked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	13. <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <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 <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH > 9 Sulfide, NaOH > 12 Cyanide)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRD/B015 (water).			Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
Per Method, VOA pH is checked after analysis			
Samples checked for dechlorination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	14. 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 type="checkbox"/> N/A	15. Positive for Sulfide? Y N
Lead Acetate Strips Lot #			
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):			

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