



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. : 70255063

Received :05/03/23 11:42
 Sample Type :Drinking Water

Date Reported:05/08/2023

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
70255063001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	5/3/23 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 5/4/23 12:20:00 PM	Absent 5/4/23 12:20:00 PM	1.02 5/3/23 12:00:00 AM
70255063002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	5/3/23 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 5/4/23 12:20:00 PM	Absent 5/4/23 12:20:00 PM	0.66 5/3/23 12:00:00 AM
70255063003	HB3 Routine Distribution U.S.C.G. Foster Ave.	5/3/23 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 5/4/23 12:20:00 PM	Absent 5/4/23 12:20:00 PM	0.41 5/3/23 12:00:00 AM
70255063004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	5/3/23 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 5/4/23 12:20:00 PM	Absent 5/4/23 12:20:00 PM	0.43 5/3/23 12:00:00 AM
70255063005	HB5 Routine Distribution H.B. High School Argonne Rd.	5/3/23 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 5/4/23 12:20:00 PM	Absent 5/4/23 12:20:00 PM	0.48 5/3/23 12:00:00 AM
70255063006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	5/3/23 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 5/4/23 12:20:00 PM	Absent 5/4/23 12:20:00 PM	0.45 5/3/23 12:00:00 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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70255063007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	5/3/23 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 5/4/23 12:20:00 PM	Absent 5/4/23 12:20:00 PM	0.60 5/3/23 12:00:00 AM
70255063008	HB7 Routine Distribution SO. Town Parks & Rec	5/3/23 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 5/4/23 12:20:00 PM	Absent 5/4/23 12:20:00 PM	0.37 5/3/23 12:00:00 AM
70255063009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	5/3/23 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 5/4/23 12:20:00 PM	Absent 5/4/23 12:20:00 PM	0.79 5/3/23 12:00:00 AM
70255063010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	5/3/23 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 5/4/23 12:20:00 PM	Absent 5/4/23 12:20:00 PM	0.76 5/3/23 12:00:00 AM
70255063011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	5/3/23 10:30:00 AM Collected by: CLIENT	Analysis Time	Absent 5/4/23 12:20:00 PM	Absent 5/4/23 12:20:00 PM	0.67 5/3/23 12:00:00 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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WorkOrder :

70255063

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#: 70255063



70255063

747

Sample Request Form PUBLIC WATER SUPPLIER

Return To Lab
5/3/23 1620

Date: 5/3/23

Collected By: G. Valentin

Accepted By: [Signature]

Cooler Temp: 3.6 °C 14/30

WELL OFF LINE

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

Phone #: (631) 728-0179

Attn: _____

Proj. # or (Name): _____

Bill To: _____

Copies To: _____

Sample Info:

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	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
5/3/23/	PW	#9	D	-	RO	1.02	7.79	Bact w/ CC	061
5/3/23/	PW	#2	D	-	RO	.66	7.49	Bact w/ CC	802
5/3/23/	PW	#3	D	-	RO	.41	7.61/14.3°C	Bact w/ CC/DOC/T/M, MW 003	
5/3/23/	PW	#4	D	-	RO	.43	7.37	Bact w/ CC	004
5/3/23/	PW	#5	D	-	RO	.40	7.52	Bact w/ CC	005
5/3/23/	PW	#6	D	-	RO	.45	7.55	Bact w/ CC	006
5/3/23/	PW	#7	D	-	RO	.60	7.62	Bact w/ CC	007
5/3/23/	PW	#7	D	-	RO	.37	7.49	Bact w/ CC	008
5/3/23/	PW	#8	D	-	RO	.79	7.73/13.9°C	Bact w/ CC/DOC	009
5/3/23/	PW	#10	D	-	RO	.76	7.95	Bact w/ CC	010
5/3/23/	PW	#35	D	-	RO	.67	7.26	Bact w/ CC	011
Remarks: 5/3/23/	Gw	B.E. GAC	E	GAC/S	-	-	-	BACT NO CC	012

→ B.E. GAC Run to Waste

Client Name: HBW

WO#: 70255063

PM: KMM

Due Date: 05/15/23

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: TH# TH148 Correction Factor: _____

Cooler Temperature(°C): 3.6 Cooler Temperature Corrected(°C): 3.3

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: 5/3/23 1620

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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. → Time is not mention in COC.
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 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, SI, W, OI	
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	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/BD15 (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 checked="" 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 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 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: