



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. : 70255888

Received :05/10/23 5:10 PM
 Sample Type :Drinking Water

Date Reported:05/12/2023

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
70255888001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	5/10/23 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 5/11/23 11:30:00 AM	Absent 5/11/23 11:30:00 AM	1.02 5/10/23 7:45:00 AM
70255888002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	5/10/23 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 5/11/23 11:30:00 AM	Absent 5/11/23 11:30:00 AM	0.49 5/10/23 8:00:00 AM
70255888003	HB28 Routine Huebner Distribution Oakwood Rd.	5/10/23 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 5/11/23 11:30:00 AM	Absent 5/11/23 11:30:00 AM	0.57 5/10/23 8:15:00 AM
70255888004	HB29 Routine McFarland Distribution Ridgewood La.	5/10/23 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 5/11/23 11:30:00 AM	Absent 5/11/23 11:30:00 AM	0.75 5/10/23 8:30:00 AM
70255888005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	5/10/23 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 5/11/23 11:30:00 AM	Absent 5/11/23 11:30:00 AM	0.99 5/10/23 8:45:00 AM
70255888006	HB34 Routine Kappers Distribution 23 Washington Ave.	5/10/23 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 5/11/23 11:30:00 AM	Absent 5/11/23 11:30:00 AM	0.59 5/10/23 9:00:00 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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70255888007	HB31 Routine Distribution Maryland Blvd.	5/10/23 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 5/11/23 11:30:00 AM	Absent 5/11/23 11:30:00 AM	0.58 5/10/23 9:15:00 AM
70255888008	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	5/10/23 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 5/11/23 11:30:00 AM	Absent 5/11/23 11:30:00 AM	0.53 5/10/23 9:30:00 AM
70255888009	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	5/10/23 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 5/11/23 11:30:00 AM	Absent 5/11/23 11:30:00 AM	0.4 5/10/23 9:45:00 AM
70255888010	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	5/10/23 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 5/11/23 11:30:00 AM	Absent 5/11/23 11:30:00 AM	0.62 5/10/23 10:00:00 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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WorkOrder :

70255888

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



747

Sample Request Form PUBLIC WATER SUPPLIER

Date: 5-16-2023

Collected By: G. Valera King

Accepted By: Patricia Adams

Cooler Temp: 2.8 °C

Return to Lab
5/10/23 1710

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Client Info: **HAMPTON BAYS WATER DISTRICT**

Name or Code: **PO. BOX 1013**

Address: **HAMPTON BAYS, NEW YORK 11946**
(631) 728-0129

Phone #: _____

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
MW - 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	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
5/10/23 7:45	PW	H12	D	-	RO	1.02 7.39	BACT w cc	
5/10/23 8:00	PW	A15	D	-	RO	.49 7.59	BACT w cc	
5/10/23 8:15	PW	H28	D	-	RO	.57 7.64	BACT w cc	
5/10/23 8:30	PW	H29	D	-	RO	.75 7.39	BACT w cc	
5/10/23 8:45	PW	A16	D	-	RO	.99 7.42	BACT w cc	
5/10/23 9:00	PW	H34	D	-	RO	.59 7.52	BACT w cc	
5/10/23 9:15	PW	H31	D	-	RO	.58 7.64	BACT w cc	
5/10/23 9:30	PW	SPB#1	D	-	RO	.53 7.61	BACT w cc	
5/10/23 9:45	PW	H5A	D	-	RO	.4 7.97	BACT w cc	
5/10/23 10:00	PW	A21	D	-	RO	.62 7.49	BACT w cc	

Remarks:

Face Analytical

Client Name: HBW

Courier: FedEx UPS USPS Client Commercial Face Other

Pr

MO#: 70255888

PM: KMM Due Date: 05/22/23

CLIENT: HBW

Tracking #:

Custody Seal on Cooler/Box Present Yes No Seals Intact Yes No N/A

Temperature Blank Present Yes No

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Thermometer Used: THB TH18 Correction Factor: Cooler Temperature Corrected [C]: 2.5

Temp should be above freezing to 5.0°C USA Regulated Soil (N/A water sample)

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, IA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? Yes No

Date and Initials of person examining contents: 5/10/23 1710

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:

1	Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
5	Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6	Short Hold Time Analysis (<7hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7	Rush Turn Around Time Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	Sufficient Volume: (Triple volume provided for ICPs)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	-Face Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11	Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12	Filtered volume received for Dissolved tests	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
13	Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14	Includes date/time/ID, Matrix, etc. on label	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
15	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
16	Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
17	Per Method, VOA pH is checked after analysis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
18	Samples checked for dechlorination:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
19	Ki starch test strips Lot #:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
20	Residual chlorine strips Lot #:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
21	SM 4500 CN samples checked for sulfide?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
22	Lead Acetate Strips Lot #:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
23	Headspace in VOA Vials (> 5mm):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
24	Trip Blank Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
25	Trip Blank Custody Seals Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
26	Face Trip Blank Lot # (if applicable):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Field Data Required? Y / N

Client Notification/ Resolution:

Person Contacted:

Comments/ Resolution:

ENV-FRM-1-MELV-002-01-51

PM (Project Manager) review is recommended electronically in LMS