



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

Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District

PO Box 1013

Hampton Bays, NY 11946

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 06/07/2023 09:30 AM Point S-58351

Received : 06/07/2023 03:55 PM Location Well #3-2

Collected By CLIENT

Lab No. : 70258873001

Client Sample ID.: S-58351

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Ca Hardness as CaCO3 (SM 2340B)	24.9		1	mg/L		06/12/2023 7:36 PM	001 BP3N1/1
Iron	0.038		1	mg/L	0.3	06/12/2023 7:36 PM	001 BP3N1/1
Manganese	0.068		1	mg/L	0.3	06/12/2023 7:36 PM	001 BP3N1/1
Sodium	32.6		1	mg/L		06/12/2023 7:36 PM	001 BP3N1/1

Analytical Method:EPA 200.8

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Antimony	<0.40		1	ug/L	6	06/09/2023 4:18 PM	001 BP3N1/1
Arsenic	<1.0		1	ug/L	10	06/09/2023 4:18 PM	001 BP3N1/1
Barium	0.028		1	mg/L	2	06/09/2023 4:18 PM	001 BP3N1/1
Beryllium	<0.30		1	ug/L	4	06/09/2023 4:18 PM	001 BP3N1/1
Cadmium	<1.0		1	ug/L	5	06/09/2023 4:18 PM	001 BP3N1/1
Chromium	<0.0070		1	mg/L	0.1	06/09/2023 4:18 PM	001 BP3N1/1
Lead	<1.0		1	ug/L	15	06/09/2023 4:18 PM	001 BP3N1/1
Mercury	<0.20		1	ug/L	2	06/09/2023 4:18 PM	001 BP3N1/1
Nickel	0.0011		1	mg/L		06/09/2023 4:18 PM	001 BP3N1/1
Selenium	<2.0		1	ug/L	50	06/09/2023 4:18 PM	001 BP3N1/1
Silver	<0.0010		1	mg/L	0.1	06/09/2023 4:18 PM	001 BP3N1/1
Thallium	<0.30		1	ug/L	2	06/09/2023 4:18 PM	001 BP3N1/1

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.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Result(s) reported meet(s) NYS Regulatory Limit(s).
 Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 06/13/2023



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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District

PO Box 1013

Hampton Bays, NY 11946

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 06/07/2023 09:20 AM Point BLENDED ENTRY

Received : 06/07/2023 03:55 PM Location BLENDED ENTRY POINT 3 FIELD

Collected By CLIENT

Lab No. : 70258873002

Client Sample ID.: BLENDED ENTRY POINT 3 FIELD

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Ca Hardness as CaCO3 (SM 2340B)	18.4		1	mg/L		06/12/2023 7:39 PM	002 BP3N1/1
Iron	<0.020		1	mg/L	0.3	06/12/2023 7:39 PM	002 BP3N1/1
Manganese	<0.010		1	mg/L	0.3	06/12/2023 7:39 PM	002 BP3N1/1
Sodium	48.9		1	mg/L		06/12/2023 7:39 PM	002 BP3N1/1

Analytical Method:EPA 200.8

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Antimony	<0.40		1	ug/L	6	06/09/2023 4:23 PM	002 BP3N1/1
Arsenic	<1.0		1	ug/L	10	06/09/2023 4:23 PM	002 BP3N1/1
Barium	0.023		1	mg/L	2	06/09/2023 4:23 PM	002 BP3N1/1
Beryllium	<0.30		1	ug/L	4	06/09/2023 4:23 PM	002 BP3N1/1
Cadmium	<1.0		1	ug/L	5	06/09/2023 4:23 PM	002 BP3N1/1
Chromium	<0.0070		1	mg/L	0.1	06/09/2023 4:23 PM	002 BP3N1/1
Lead	<1.0		1	ug/L	15	06/09/2023 4:23 PM	002 BP3N1/1
Mercury	<0.20		1	ug/L	2	06/09/2023 4:23 PM	002 BP3N1/1
Nickel	0.0024		1	mg/L		06/09/2023 4:23 PM	002 BP3N1/1
Selenium	<2.0		1	ug/L	50	06/09/2023 4:23 PM	002 BP3N1/1
Silver	<0.0010		1	mg/L	0.1	06/09/2023 4:23 PM	002 BP3N1/1
Thallium	<0.30		1	ug/L	2	06/09/2023 4:23 PM	002 BP3N1/1

Qualifiers:

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Kimberley Mack

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Date Reported: 06/13/2023



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WorkOrder :
70258873

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

Sample Request Form PUBLIC WATER SUPPLIER

Handwritten: 6/7/23 1555

Date: 6-7-2023

WELL OFF LINE

Collected By: K. T. HULL
 Accepted By: [Signature] 6/7/23
 Cooler Temp: 3.4 °C 1150

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Sample Type	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	

WO#: 70258873



70258873

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 Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ / pH / Temp	Analysis	Lab No.
6/7/23/7:45am	GW	Well 1-1	RW	-	RO		SOC,	
6/7/23/8:00am	GW	Well 1-2	RW	-	RO		SOC	
6/7/23/8:15am	GW	Well 1-3	RW	-	RO		SOC	
6/7/23/8:35am	GW	Well 2-1	RW	-	RO		SOC	
6/7/23/8:55am	GW	Well 2-2	RW	-	RO		SOC	
6/7/23/9:15am	GW	Well 3-1	RW	-	RO		SOC	
6/7/23/9:35am	GW	Well 3-2	RW	-	RO		SOC, METALS	001
6/7/23/10:45am	GW	Well 3-3	RW	-	RO		SOC	
6/7/23/10:10am	GW	Well 4-1	RW	-	RO		SOC	
6/7/23/10:25am	GW	Well 4-2	RW	-	RO		SOC	
6/7/23/10:45am	GW	Well 5-1	RW	-	RO		SOC	
Remarks:								

HBW

WO#: 70258873

PM: KMM Due Date: 06/16/23
 CLIENT: HBW

Client Name: _____ Project _____

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No Temperature Blank Present: Yes No
 Packing Material: Bubble Wrap Bubble Bags Ziploc None Other Type of Ice: Wet Blue None

Thermometer Used: TAHU Correction Factor: -0.3 Samples on ice, cooling process has begun

Cooler Temperature (°C): 1.4 Cooler Temperature Corrected (°C): 3.1 Date/Time 5035A kits placed in freezer: 6/7/23 1555

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

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 (ENV-FRM-MELV-0076) and include with SCUR/COC paperwork.

Date and Initials of person examining contents: 6/7/23

	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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD) <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/Analysis: Matrix: <u>SI WY OIL OTHER</u>	

Date and Initials of person checking preservation:

All containers needing preservation have been pH paper Lot # <u>HCU0330</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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
All containers needing preservation are found to be in compliance with method recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A NAOH > 12 Cyanide)	Sample #
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis	Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
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 sul: <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	

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

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