



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**  
**PO Box 1013**  
**Hampton Bays, NY 11946**  
**Attn To : Keith Tuthill**  
 Federal ID : 5103704

**Lab Project No. : 70259735**

Received :06/14/23 12:30  
 Sample Type :Drinking Water

Date Reported:06/16/2023

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
70259735001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	6/14/23 7:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 6/15/23 11:07:00 AM	<b>Absent</b> 6/15/23 11:07:00 AM	<b>0.60</b> 6/14/23 7:45:00 AM
70259735002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	6/14/23 8:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 6/15/23 11:07:00 AM	<b>Absent</b> 6/15/23 11:07:00 AM	<b>0.42</b> 6/14/23 8:00:00 AM
70259735003	HB28 Routine Huebner Distribution Oakwood Rd.	6/14/23 8:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 6/15/23 11:07:00 AM	<b>Absent</b> 6/15/23 11:07:00 AM	<b>0.49</b> 6/14/23 8:15:00 AM
70259735004	HB29 Routine McFarland Distribution Ridgewood La.	6/14/23 8:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 6/15/23 11:07:00 AM	<b>Absent</b> 6/15/23 11:07:00 AM	<b>0.55</b> 6/14/23 8:30:00 AM
70259735005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	6/14/23 8:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 6/15/23 11:07:00 AM	<b>Absent</b> 6/15/23 11:07:00 AM	<b>0.54</b> 6/14/23 8:45:00 AM
70259735006	HB34 Routine Kappers Distribution 23 Washington Ave.	6/14/23 9:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 6/15/23 11:07:00 AM	<b>Absent</b> 6/15/23 11:07:00 AM	<b>0.48</b> 6/14/23 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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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	
70259735007	HB31	6/14/23 9:15:00 AM		Absent	Absent	4
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	6/15/23 11:07:00 AM	6/15/23 11:07:00 AM	6/14/23 9:15:00 AM
70259735008	SPB#1	6/14/23 9:30:00 AM		Absent	Absent	0.35
Routine Distribution	SPB#1 Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	6/15/23 11:07:00 AM	6/15/23 11:07:00 AM	6/14/23 9:30:00 AM
70259735009	HB5A	6/14/23 9:45:00 AM		Absent	Absent	0.41
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	6/15/23 11:07:00 AM	6/15/23 11:07:00 AM	6/14/23 9:45:00 AM
70259735010	HB21	6/14/23 10:00:00 AM		Absent	Absent	0.31
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	6/15/23 11:07:00 AM	6/15/23 11:07:00 AM	6/14/23 10:00:00 AM

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

Treatments	
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FM = Iron/Manganese Removal	
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Test results meet the requirements of NELAC unless otherwise noted.

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**WorkOrder :**

70259735

## 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

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

Date: 6-14-23

Collected By: G. Velez / S. Gregory

Accepted By: [Signature] 6/14/23

Cooler Temp: 4.0 °C 1330

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	



Client

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: PO 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 <sub>2</sub> pH/Temp	Analysis	Lab No.
6/14/23	PW	#12	D	-	RO	.60 7.72	Bact w/ CL	
6/14/23	PW	#13	D	-	RO	.42 7.08	Bact w/ CL	
6/14/23	PW	#28	D	-	RO	.49 7.10	Bact w/ CL	
6/14/23	PW	#29	D	-	RO	.55 7.09	Bact w/ CL	
6/14/23	PW	#16	D	-	RO	.54 7.09	Bact w/ CL	
6/14/23	PW	#34	D	-	RO	.48 7.12	Bact w/ CL	
6/14/23	PW	#31	D	-	RO	.35 7.14	Bact w/ CL	
6/14/23	PW	SPB#1	D	-	RO	.41 7.18	Bact w/ CL	
6/14/23	PW	#5A	D	-	RO	.31 7.01	Bact w/ CL	
6/14/23	PW	#21	D	-	RO	.30 7.28	Bact w/ CL	

Remarks:



**WO#: 70259735**

Client Name: HBW

Project:

PM: KMM

Due Date: 06/23/23

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other

CLIENT: HBW

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: THMT Correction Factor: -0.3  Samples on ice, cooling process has begun

Cooler Temperature (°C): 4.6 Cooler Temperature Corrected (°C): 3.7 Date/Time 5035A kits placed in freezer: 6/14/23 1645

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: 6/14/23

	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	10.
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 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: <input checked="" type="checkbox"/> SL <input type="checkbox"/> WT <input type="checkbox"/> OIL <input type="checkbox"/> OTHER	

Date and Initials of person checking preservation:

All containers needing preservation have been pH paper Lot #	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
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, <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sample #
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).	Initial when completed: Lot # of added preservative: Date/Time preservative added:
Per Method, VOA pH is checked after analysis	14. Positive for Res. Chlorine? Y N
Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	15. Positive for Sulfide? Y N
KI starch test strips Lot #	16.
Residual chlorine strips Lot #	17.
SM 4500 CN samples checked for sul: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Field Data Required? Y / N
Lead Acetate Strips Lot #	
Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trip Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trip Blank Custody Seals Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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.