



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. : 70262022

Received :07/05/23 3:45 PM
 Sample Type :Drinking Water

Date Reported:07/11/2023

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
70262022001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	7/5/23 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 7/6/23 11:50:00 AM	Absent 7/6/23 11:50:00 AM	0.56 7/5/23 7:45:00 AM
70262022002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	7/5/23 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 7/6/23 11:50:00 AM	Absent 7/6/23 11:50:00 AM	0.59 7/5/23 8:00:00 AM
70262022003	HB3 Routine Distribution U.S.C.G. Foster Ave.	7/5/23 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 7/6/23 11:50:00 AM	Absent 7/6/23 11:50:00 AM	0.27 7/5/23 8:15:00 AM
70262022004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	7/5/23 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 7/6/23 11:50:00 AM	Absent 7/6/23 11:50:00 AM	0.68 7/5/23 8:30:00 AM
70262022005	HB5 Routine Distribution H.B. High School Argonne Rd.	7/5/23 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 7/6/23 11:50:00 AM	Absent 7/6/23 11:50:00 AM	0.57 7/5/23 8:45:00 AM
70262022006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	7/5/23 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 7/6/23 11:50:00 AM	Absent 7/6/23 11:50:00 AM	0.57 7/5/23 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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70262022007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	7/5/23 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 7/6/23 11:50:00 AM	Absent 7/6/23 11:50:00 AM	0.49 7/5/23 9:15:00 AM
70262022008	HB7 Routine Distribution SO. Town Parks & Rec	7/5/23 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 7/6/23 11:50:00 AM	Absent 7/6/23 11:50:00 AM	0.62 7/5/23 9:30:00 AM
70262022009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	7/5/23 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 7/6/23 11:50:00 AM	Absent 7/6/23 11:50:00 AM	0.81 7/5/23 9:45:00 AM
70262022010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	7/5/23 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 7/6/23 11:50:00 AM	Absent 7/6/23 11:50:00 AM	0.46 7/5/23 10:15:00 AM
70262022011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	7/5/23 10:30:00 AM Collected by: CLIENT	Analysis Time	Absent 7/6/23 11:50:00 AM	Absent 7/6/23 11:50:00 AM	0.51 7/5/23 10:30:00 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 :

70262022

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#: 70262022



70262022

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Sample Request Form PUBLIC WATER SUPPLIER

Date: 7-5-2023

Collected By: G. Valentino

Accepted By: [Signature]

Cooler Temp: 3.5 °C

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

[Signature]
7/5/23 1545
 WELL OFF LINE

Client Info:
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 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 ₂	Field Readings pH/Temp	Analysis	Lab No.
7/5/23/7:45am	PW	#19	D	-	RO	.56	7.80	BACT w/CL	001
7/5/23/8:00am	PW	#2	D	-	RO	.59	7.24	BACT w/CL	002
7/5/23/8:15am	PW	#3	D	-	RO	.27	7.03	BACT w/CL	003
7/5/23/8:30am	PW	#4	D	-	RO	.68	7.27	BACT w/CL	004
7/5/23/8:45am	PW	#5	D	-	RO	.57	7.20	BACT w/CL	005
7/5/23/9:00am	PW	#6	D	-	RO	.57	7.11	BACT w/CL	006
7/5/23/9:15am	PW	#27	D	-	RO	.49	7.41	BACT w/CL	007
7/5/23/9:30am	PW	#7	D	-	RO	.62	7.37	BACT w/CL	008
7/5/23/9:45am	PW	#8	D	-	RO	.81	7.26	BACT w/CL	009
7/5/23/10:15am	PW	#10	D	-	RO	.46	7.45	BACT w/CL	000
7/5/23/10:30am	PW	#35	D	-	RO	.51	7.21	BACT w/CL	01

Remarks:

WO#: 70262022

PM: KMM Due Date: 07/17/23

CLIENT: HBW

Client Name: HBW 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: _____ Correction Factor: _____ Samples on ice, cooling process has begun
 Cooler Temperature (°C): 3.5 Cooler Temperature Corrected (°C): 3.2 Date/Time 5035A kits placed in freezer: 7/5/23 1545
 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:

	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 type="checkbox"/> Yes <input checked="" 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 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/D/Analysis Matrix: <u>SL</u> <u>WT</u> <u>OIL</u> <u>OTHER</u>	

Date and Initials of person checking preservation: KS

All containers needing preservation have been pH paper Lot # <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
All containers needing preservation are found to be in compliance with method recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A NAOH > 12 Cyanide) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis	Sample # _____ 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.
KI starch test strips Lot # _____ Residual chlorine strips Lot # _____	Positive for Res. Chlorine? Y N
SM 4500 CN samples checked for sul <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Lead Acetate Strips Lot # _____	Positive for Sulfide? Y N
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.