



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. : 70262999**

Received :07/12/23 4:30 PM  
 Sample Type :Drinking Water

Date Reported:07/14/2023

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
70262999001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	7/12/23 7:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/13/23 11:45:00 AM	<b>Absent</b> 7/13/23 11:45:00 AM	<b>0.81</b> 7/12/23 7:30:00 AM
70262999002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	7/12/23 7:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/13/23 11:45:00 AM	<b>Absent</b> 7/13/23 11:45:00 AM	<b>0.60</b> 7/12/23 7:45:00 AM
70262999003	HB28 Routine Huebner Distribution Oakwood Rd.	7/12/23 8:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/13/23 11:45:00 AM	<b>Absent</b> 7/13/23 11:45:00 AM	<b>0.60</b> 7/12/23 8:00:00 AM
70262999004	HB29 Routine McFarland Distribution Ridgewood La.	7/12/23 8:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/13/23 11:45:00 AM	<b>Absent</b> 7/13/23 11:45:00 AM	<b>0.94</b> 7/12/23 8:15:00 AM
70262999005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	7/12/23 8:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/13/23 11:45:00 AM	<b>Absent</b> 7/13/23 11:45:00 AM	<b>0.93</b> 7/12/23 8:30:00 AM
70262999006	HB34 Routine Kappers Distribution 23 Washington Ave.	7/12/23 8:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/13/23 11:45:00 AM	<b>Absent</b> 7/13/23 11:45:00 AM	<b>0.78</b> 7/12/23 8:45:00 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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70262999007	HB31 Routine Distribution Maryland Blvd.	7/12/23 9:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/13/23 11:45:00 AM	<b>Absent</b> 7/13/23 11:45:00 AM	<b>0.79</b> 7/12/23 9:00:00 AM
70262999008	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	7/12/23 9:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/13/23 11:45:00 AM	<b>Absent</b> 7/13/23 11:45:00 AM	<b>0.81</b> 7/12/23 9:15:00 AM
70262999009	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	7/12/23 9:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/13/23 11:45:00 AM	<b>Absent</b> 7/13/23 11:45:00 AM	<b>0.64</b> 7/12/23 9:30:00 AM
70262999010	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	7/12/23 9:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/13/23 11:45:00 AM	<b>Absent</b> 7/13/23 11:45:00 AM	<b>0.55</b> 7/12/23 9:45:00 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 :**

70262999

## 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

*John Kelly*  
7/12/23 630

Date: 7-12-2023

WELL OFF LINE

Collected By: S. Givens  
Accepted By: John Kelly 7/12/23  
Cooler Temp: 4.0 °C

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

11747  
436

**WO#: 70262999**



70262999

**Client Info:**  
Name or Code: HAMPTON BAYS WATER DISTRICT  
Address: R.O. BOX 1013  
HAMPTON BAYS, NEW YORK 11946  
(631) 728-0179

Phone #: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Proj. # or (Name): \_\_\_\_\_  
Bill To: \_\_\_\_\_  
Copies To: \_\_\_\_\_

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	

**Sample Info:**

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings C <sub>2</sub> pH/temp	Analysis	Lab No.
7/12/23 730	PW	#12	D	-	RO	.81 7.66	BACT w/ CC	
7/12/23 745	PW	#13	D	-	RO	.60 7.31	BACT w/ CC	
7/12/23 800	PW	#28	D	-	RO	.60 7.42	BACT w/ CC	
7/12/23 815	PW	#29	D	-	RO	.94 7.36	BACT w/ CC	
7/12/23 830	PW	#16	D	-	RO	.93 7.31	BACT w/ CC	
7/12/23 845	PW	#34	D	-	RO	.78 7.55	BACT w/ CC	
7/12/23 900	PW	#31	D	-	RO	.79 7.47	BACT w/ CC	
7/12/23 915	PW	SPB-#1	D	-	RO	.81 7.63	BACT w/ CC	
7/12/23 930	PW	#15A	D	-	RO	.64 7.51	BACT w/ CC	
7/12/23 945	PW	#21	D	-	RO	.55 7.68	BACT w/ CC	

Remarks:



**WO#: 70262999**  
**PM: KMM** **Due Date: 07/24/23**  
**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): 4.0 Cooler Temperature Corrected (°C): 3.7 Date/Time 5035A kits placed in freezer: 7/12/23 1630  
 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 -Pace Containers Used: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No -Includes date/time/ID/Analysis Matrix: <u>SL</u> WT OIL OTHER	12.

Date and Initials of person checking preservation:

All containers needing preservation have been pH paper Lot # 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 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	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 Sample #
Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A KI starch test strips Lot # Residual chlorine strips Lot #	14. Positive for Res. Chlorine? Y N
SM 4500 CN samples checked for sulfide: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Lead Acetate Strips Lot #	15. 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 Seats 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.