



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. : 70266356

Received :08/09/23 5:30 PM
 Sample Type :Drinking Water

Date Reported:08/11/2023

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
70266356001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	8/9/23 7:00:00 AM Collected by: CLIENT	Analysis Time	Absent 8/10/23 12:30:00 PM	Absent 8/10/23 12:30:00 PM	0.98 8/9/23 7:00:00 AM
70266356002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	8/9/23 7:15:00 AM Collected by: CLIENT	Analysis Time	Absent 8/10/23 12:30:00 PM	Absent 8/10/23 12:30:00 PM	0.65 8/9/23 7:15:00 AM
70266356003	HB28 Routine Huebner Distribution Oakwood Rd.	8/9/23 7:30:00 AM Collected by: CLIENT	Analysis Time	Absent 8/10/23 12:30:00 PM	Absent 8/10/23 12:30:00 PM	0.64 8/9/23 7:30:00 AM
70266356004	HB29 Routine McFarland Distribution Ridgewood La.	8/9/23 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 8/10/23 12:30:00 PM	Absent 8/10/23 12:30:00 PM	0.88 8/9/23 7:45:00 AM
70266356005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	8/9/23 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 8/10/23 12:30:00 PM	Absent 8/10/23 12:30:00 PM	0.57 8/9/23 8:00:00 AM
70266356007	HB34 Routine Kappers Distribution 23 Washington Ave.	8/9/23 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 8/10/23 12:30:00 PM	Absent 8/10/23 12:30:00 PM	1.11 8/9/23 8:30:00 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.

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

Kimberley Mack



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70266356008	HB31 Routine Distribution Maryland Blvd.	8/9/23 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 8/10/23 12:30:00 PM	Absent 8/10/23 12:30:00 PM	0.88 8/9/23 8:45:00 AM
70266356009	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	8/9/23 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 8/10/23 12:30:00 PM	Absent 8/10/23 12:30:00 PM	0.86 8/9/23 9:00:00 AM
70266356010	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	8/9/23 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 8/10/23 12:30:00 PM	Absent 8/10/23 12:30:00 PM	0.36 8/9/23 9:15:00 AM
70266356011	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	8/9/23 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 8/10/23 12:30:00 PM	Absent 8/10/23 12:30:00 PM	0.69 8/9/23 9:30:00 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
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WorkOrder :

70266356

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#: 70266356



70266356

747

Sample Request Form PUBLIC WATER SUPPLIER

Date: 8-9-2023

Collected By: J. Gregory / G. Vandenling

Accepted By: J. Gregory / G. Vandenling

Cooler Temp: 21.0 °C / 70 °F

J. Gregory
8/9/23 1730

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

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	Field Readings pH/Temp	Analysis	Lab No.
8/9/23 7:00	PW	#12	D	-	RO	.98	7.55	BACT w/ CC	-001
8/9/23 7:15	PW	#13	D	-	RO	.65	7.52	BACT w/ CC	002
8/9/23 7:30	PW	#128	D	-	RO	.64	7.86	BACT w/ CC	003
8/9/23 7:45	PW	#129	D	-	RO	.88	7.94	BACT w/ CC	004
8/9/23 8:00	PW	#16	D	-	RO	.57	7.54	BACT w/ CC	005
8/9/23 8:15	PW	29 East Point Lane	D	-	RO	.54	7.65	BACT w/ CC, TLM, NIN	→ 006
8/9/23 8:30	PW	#34	D	-	RO	1.11	7.04	BACT w/ CC	007
8/9/23 8:45	PW	#31	D	-	RO	.88	7.04	BACT w/ CC	008
8/9/23 9:00	PW	SPB #1	D	-	RO	.86	7.27	BACT w/ CC	009
8/9/23 9:15	PW	#5A	D	-	RO	.36	7.21	BACT w/ CC	010
8/9/23 9:30	PW	#21	D	-	RO	.69	7.41	BACT w/ CC	011

Remarks:

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	

WO#: 70266356

PM: KMM Due Date: 08/21/23
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: TH196 Correction Factor: -0.4 Samples on ice, cooling process has begun
 Cooler Temperature (°C): 2.1 Cooler Temperature Corrected (°C): 1.7 Date/Time 5035A kits placed in freezer

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: SH 8/9/23

	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 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	10.
Containers Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11.
Filtered volume received for Dissolved tests: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	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: SH 8/9/23

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, NAOH > 12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Sample #
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water)		Initial when completed:	Lot # of added preservative:
Per Method, VOA pH is checked after analysis		Date/Time preservative added:	
Samples checked for dechlorination: KI starch test strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.	Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #		15.	Positive for Sulfide? Y N
SM 4500 CN samples checked for sul	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.	
Lead Acetate Strips Lot #		17.	
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
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.