



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: Distribution
 Special

Hampton Bays Water District
PO Box 1013
Hampton Bays, NY 11946

Lab No. : 70266361001
Client Sample ID.: BLENDED ENTRY POINT 3 FIELD

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 08/09/2023 08:55 AM Point BLENDED ENTRY

Received : 08/09/2023 05:30 PM Location BLENDED ENTRY POINT 3 FIELD

Collected By CLIENT

Analytical Method:EPA 200.7

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Iron	<0.020		1	mg/L	0.3	08/17/2023 7:13 PM	001 BP3N1/1
Manganese	<0.010		1	mg/L	0.3	08/17/2023 7:13 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

Result(s) reported meet(s) NYS Regulatory Limit(s).

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

Date Reported: 08/18/2023

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.



575 Broad Hollow Road, Melville, NY 11747
TEL: (516) 370-6000 FAX: (516) 886-5526
www.pacelabs.com

WorkOrder :
70266361

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#: 70266361



70266361

11747
FDX: (631) 420-8436

Sample Request Form PUBLIC WATER SUPPLIER

Date: 8-9-2023

Collected By: K. TOTHLEY 8/9/23

Accepted By: [Signature] 8/9/23

Cooler Temp: 21.1 °C / 70.2 °F

WELL OFF LINE

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	

Sample Info:

Date/Time Collected: 8/9/23 7:30am
 Sample Type: GW
 Location: Well 1-1
 Date/Time Collected: 8/9/23 7:45pm
 Sample Type: GW
 Location: Well 1-2
 Date/Time Collected: 8/9/23 8:00am
 Sample Type: GW
 Location: Well 1-3
 Date/Time Collected: 8/9/23 8:55am
 Sample Type: GW
 Location: Blended Influent GAC
 Date/Time Collected: 8/9/23 9:10am
 Sample Type: GW
 Location: Well 3-1
 Date/Time Collected: 8/9/23 9:10am
 Sample Type: GW
 Location: Well 3-2
 Date/Time Collected: 8/9/23 9:10am
 Sample Type: GW
 Location: Well 3-3
 Date/Time Collected: 8/9/23 8:55am
 Sample Type: PW
 Location: Blended Entry Point 3 Field
 Date/Time Collected: 8/9/23 9:45am
 Sample Type: RW
 Location: Well 4-1
 Date/Time Collected: 8/9/23 10:00am
 Sample Type: RW
 Location: Well 4-2
 Date/Time Collected: 8/9/23 9:55am
 Sample Type: RW
 Location: Blended Influent Iron Plant

Sample Info:

Remarks:

Date/Time Collected	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
8/9/23 7:30am	GW	Well 1-1	RW	-	RO		I/M,	
8/9/23 7:45pm	GW	Well 1-2	RW	-	RO		I/M, NIN,	
8/9/23 8:00am	GW	Well 1-3	RW	-	RO		I/M, NIN, VOC	
8/9/23 8:55am	GW	Blended Influent GAC	RW	-	RO		I/M	
8/9/23 9:10am	GW	Well 3-1	RW	-	RO		I/M	
8/9/23 9:10am	GW	Well 3-2	RW	-	RO		I/M, SOC	
8/9/23 9:10am	GW	Well 3-3	RW	-	RO		I/M	
8/9/23 8:55am	PW	Blended Entry Point 3 Field	D	-	RO		I/M	2001
8/9/23 9:45am	RW	Well 4-1	RW	-	RO		I/M	
8/9/23 10:00am	RW	Well 4-2	RW	-	RO		I/M	
8/9/23 9:55am	RW	Blended Influent Iron Plant	I	-	RO		I/M	

WO#: 70266361

Client Name: HBW Project _____

PM: KMM Due Date: 08/18/23
 CLIENT: HBW

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: 2.1 Correction Factor: _____ 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 8/9/23 1730
 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8.
Correct Containers Used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9.
-Pace Containers Used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10.
Containers Intact:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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	12.
-Includes date/time/ID/Analysis: Matrix: <u>SL</u> <u>WT</u> <u>OIL</u> <u>OTHER</u>		

Date and Initials of person checking preservation:

All containers needing preservation have been pH paper Lot # <u>10B0H0471</u>	<input type="checkbox"/> Yes <input checked="" 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, NAOH>12 Cyanide)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	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: KI starch test strips Lot #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A	16.
Lead Acetate Strips Lot #		17.
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input checked="" 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.