



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: Raw Well
 Routine

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

Lab No. : 70266377001
 Client Sample ID.: S-58351

Attn To : Keith Tuthill
 Federal ID : 5103704
 Collected : 08/09/2023 09:10 AM Point S-58351
 Received : 08/09/2023 05:30 PM Location Well #3-2
 Collected By CLIENT

Analytical Method: EPA 505		Prep Method: EPA 505			Prep Date: 08/14/2023 5:18 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Alachlor	<0.20		1	ug/L	2	08/15/2023 8:32 AM	001 VG9C1/2
Aldrin	<0.025		1	ug/L	5	08/15/2023 8:32 AM	001 VG9C1/2
Chlordane (Technical)	<0.20		1	ug/L	2	08/15/2023 8:32 AM	001 VG9C1/2
Dieldrin	<0.050		1	ug/L	5	08/15/2023 8:32 AM	001 VG9C1/2
Endrin	<0.010		1	ug/L	2	08/15/2023 8:32 AM	001 VG9C1/2
Heptachlor	<0.025		1	ug/L	0.4	08/15/2023 8:32 AM	001 VG9C1/2
Heptachlor epoxide	<0.020		1	ug/L	0.2	08/15/2023 8:32 AM	001 VG9C1/2
Hexachlorobenzene	<0.10		1	ug/L	1	08/15/2023 8:32 AM	001 VG9C1/2
Hexachlorocyclopentadiene	<0.10		1	ug/L	5	08/15/2023 8:32 AM	001 VG9C1/2
Methoxychlor	<0.10		1	ug/L	40	08/15/2023 8:32 AM	001 VG9C1/2
PCB Screen	<0.40		1	ug/L		08/15/2023 8:32 AM	001 VG9C1/2
Toxaphene	<1.0		1	ug/L	3	08/15/2023 8:32 AM	001 VG9C1/2
gamma-BHC (Lindane)	<0.020		1	ug/L	0.2	08/15/2023 8:32 AM	001 VG9C1/2
Surr: Decachlorobiphenyl (S)	121%		1	%REC		08/15/2023 8:32 AM	001 VG9C1/2
Surr: Tetrachloro-m-xylene (S)	89%		1	%REC		08/15/2023 8:32 AM	001 VG9C1/2

Analytical Method: EPA 515.3		Prep Method: EPA 515.3			Prep Date: 08/17/2023 7:25 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
2,4,5-TP (Silvex)	<0.13		1	ug/L	10	08/21/2023 10:37	001 AG3T1/1
2,4-D	<0.10		1	ug/L	50	08/21/2023 10:37	001 AG3T1/1
Dalapon	<0.70		1	ug/L	50	08/21/2023 10:37	001 AG3T1/1
Dicamba	<1.0		1	ug/L	50	08/21/2023 10:37	001 AG3T1/1
Dinoseb	<0.20		1	ug/L	7	08/21/2023 10:37	001 AG3T1/1
Pentachlorophenol	<0.040		1	ug/L	1	08/21/2023 10:37	001 AG3T1/1
Picloram	<0.10		1	ug/L	50	08/21/2023 10:37	001 AG3T1/1
Surr: 2,4-DCAA (S)	80%		1	%REC		08/21/2023 10:37	001 AG3T1/1

Analytical Method: EPA 525.3		Prep Method: EPA 525.3			Prep Date: 08/15/2023 9:03 AM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Atrazine	<0.10		1	ug/L	3	08/17/2023 1:37 AM	001 AG1A1/1
Benzo(a)pyrene	<0.020		1	ug/L	0.2	08/17/2023 1:37 AM	001 AG1A1/1
Butachlor	<0.20		1	ug/L	50	08/17/2023 1:37 AM	001 AG1A1/1
Metolachlor	<0.10		1	ug/L	50	08/17/2023 1:37 AM	001 AG1A1/1
Metribuzin	<0.50		1	ug/L	50	08/17/2023 1:37 AM	001 AG1A1/1
Propachlor	<0.10		1	ug/L	50	08/17/2023 1:37 AM	001 AG1A1/1
Simazine	<0.070		1	ug/L	4	08/17/2023 1:37 AM	001 AG1A1/1
bis(2-Ethylhexyl)adipate	<0.60		1	ug/L	50	08/17/2023 1:37 AM	001 AG1A1/1
bis(2-Ethylhexyl)phthalate	<0.60		1	ug/L	6	08/17/2023 1:37 AM	001 AG1A1/1
Surr: 1,3-Dimethyl-2-nitrobenzene(S)	95%		1	%REC		08/17/2023 1:37 AM	001 AG1A1/1

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

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.

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

Date Reported: 08/23/2023



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Surr: Benzo(a)pyrene-d12 (S)	82%	1	%REC	08/17/2023 1:37 AM	001 AG1A1/1
Surr: Triphenylphosphate (S)	106%	1	%REC	08/17/2023 1:37 AM	001 AG1A1/1

Analytical Method:EPA 531.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
3-Hydroxycarbofuran	<1.0		1	ug/L	50	08/16/2023 8:46 PM	001 DG9Y1/2
Aldicarb	<0.50		1	ug/L	3	08/16/2023 8:46 PM	001 DG9Y1/2
Aldicarb sulfone	<0.80		1	ug/L	2	08/16/2023 8:46 PM	001 DG9Y1/2
Aldicarb sulfoxide	<0.50		1	ug/L	4	08/16/2023 8:46 PM	001 DG9Y1/2
Carbaryl	<1.0		1	ug/L	50	08/16/2023 8:46 PM	001 DG9Y1/2
Carbofuran	<0.90		1	ug/L	40	08/16/2023 8:46 PM	001 DG9Y1/2
Methomyl	<1.0		1	ug/L	50	08/16/2023 8:46 PM	001 DG9Y1/2
Oxamyl	<1.0		1	ug/L	50	08/16/2023 8:46 PM	001 DG9Y1/2
Surr: BDMC (S)	123%		1	%REC		08/16/2023 8:46 PM	001 DG9Y1/2

Analytical Method:EPA 547

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Glyphosate	<6.0		1	ug/L	50	08/16/2023 11:53	001 DG6T1/1

Analytical Method:EPA 548.1

Prep Method: EPA 548.1

Prep Date: 08/14/2023 7:57 AM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Endothall	<9.0		1	ug/L	50	08/17/2023 6:17 AM	001 AG3U1/1

Analytical Method:EPA 549.2

Prep Method: EPA 549.2

Prep Date: 08/14/2023 9:10 AM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Diquat	<0.40		1	ug/L	20	08/14/2023 9:58 PM	001 BP1B1/1

Qualifiers:

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 ND - Not Detected at or above adjusted reporting limit.
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WorkOrder :
 70266377

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

All parameters are reported to meet the NYS ELAP required detection limits (RDL) for drinking water analyses. For the analytes listed below, the reporting limit is below the laboratory verified limit of quantification (LOQ) but greater than the method detection limit (MDL); values are estimated.

Method	Method	Unit	MDL*	RDL	LOQ
505	Toxaphene	ug/L	0.57	1	2.5
505	Chlordane	ug/L	0.096	0.2	0.5
525.2	Simazine	ug/L	0.031	0.07	0.1
525.2	Benzo(a)pyrene	ug/L	0.017	0.02	0.1
549.2	Diquat	ug/L	0.165	0.4	1

* Determined annually; subject to change but must always be below the RDL and LOQ.

WO#: 70266377



70266377

11747
(631) 694-3040 Fax: (631) 420-8436

Sample Request Form PUBLIC WATER SUPPLIER

My [unclear] 8/9/23 1:30
 WELL OFF LINE

Date: 8-9-2023

Collected By: K. THILLY
Accepted By: [Signature] 8/9/23
Cooler Temp: 2.1 °C / 1295

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) 728-4179
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 pH/Temp	Analysis	Lab No.
8/9/23 7:30am	GW	Well 1-1	RW	-	RO		I/M,	
8/9/23 7:45am	GW	well 1-2	RW	-	RO		I/M, N/N,	
8/9/23 8:00am	GW	well 1-3	RW	-	RO		I/M, N/N, VOC	
8/9/23 8:05am	GW	Blended Influent GAC	RW	-	RO		I/M	
8/9/23 8:55am	GW	well 3-1	RW	-	RO		I/M	
8/9/23 9:00am	GW	well 3-2	RW	-	RO		I/M, <u>SOC</u> → 001	
8/9/23 9:25am	GW	well 3-3	RW	-	RO		I/M	
8/9/23 8:55am	PW	Blended Entry Point 3 Field	D	-	RO		I/M	
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 11:55am	PW	Blended Influent Iron Plant	I	-	RO		I/M	

Remarks:

WO#: 70266377

Client Name: HBW Project _____

PM: **KMM** Due Date: **08/24/23**
 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: _____
 Cooler Temperature (°C): 2.1 Cooler Temperature Corrected (°C): 1.7 Samples on ice, cooling process has begun
 Temp should be above freezing to 6.0°C Date/Time 5035A kits placed in freezer: 8/9/23 1730

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: KS 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6.
Rush Turn Around Time Requested <input checked="" 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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID/Analysis: Matrix: SL WT OIL OTHER	

Date and Initials of person checking preservation: KS 8/9/23

All containers needing preservation have been pH paper Lot # <u>HC 208 072</u>	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 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: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot # _____	15. Positive for Sulfide? Y N
Residual chlorine strips Lot # _____	16.
SM 4500 CN samples checked for sul <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	17.
Lead Acetate Strips Lot # _____	
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.