



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

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

**Lab No. : 70268127001**  
**Client Sample ID.: HB3**

**Attn To :** Keith Tuthill  
 Federal ID : 5103704  
 Collected : 08/23/2023 08:10 AM Point HB3  
 Received : 08/23/2023 04:15 PM Location U.S.C.G.  
 Collected By CLIENT Foster Ave.

Analytical Method:EPA 300.1

<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>
Chlorate	33.9	M1	5	ug/L		08/30/2023 9:04 PM	001 AG4E1/1
Surr: Dichloroacetate (S)	101%		5	%REC		08/30/2023 9:04 PM	001 AG4E1/1

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: 09/01/2023



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

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

**Lab No. : 70268127002**  
**Client Sample ID.: HB8**

**Attn To :** Keith Tuthill  
 Federal ID : 5103704  
 Collected : 08/23/2023 08:30 AM Point HB8  
 Received : 08/23/2023 04:15 PM Location B. McCormack  
 Collected By CLIENT Bittersweet Ave.

Analytical Method:EPA 300.1

<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>
Chlorate	26.6		5	ug/L		08/30/2023 9:44 PM	002 AG4E1/1
Surr: Dichloroacetate (S)	99%		5	%REC		08/30/2023 9:44 PM	002 AG4E1/1

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: 09/01/2023



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

**WorkOrder :**  
70268127

## Laboratory Certifications

---

### **Pace Analytical Services Ormond Beach**

8 East Tower Circle, Ormond Beach, FL 32174  
Alaska DEC- CS/UST/LUST  
Alabama Certification #: 41320  
Colorado Certification: FL NELAC Reciprocity  
Connecticut Certification #: PH-0216  
Delaware Certification: FL NELAC Reciprocity  
DoD-ANAB #: ADE-3199  
Florida Certification #: E83079  
Georgia Certification #: 955  
Guam Certification: FL NELAC Reciprocity  
Hawaii Certification: FL NELAC Reciprocity  
Illinois Certification #: 200068  
Indiana Certification: FL NELAC Reciprocity  
Kansas Certification #: E-10383  
Kentucky Certification #: 90050  
Louisiana Certification #: FL NELAC Reciprocity  
Louisiana Environmental Certificate #: 05007  
Maine Certification #: FL01264  
Maryland Certification: #346  
Massachusetts Certification #: M-FL1264  
Michigan Certification #: 9911  
Mississippi Certification: FL NELAC Reciprocity  
Missouri Certification #: 236  
Montana Certification #: Cert 0074  
Nebraska Certification: NE-OS-28-14  
New Hampshire Certification #: 2958  
New Jersey Certification #: FL022  
New York Certification #: 11608  
North Carolina Environmental Certificate #: 667  
North Carolina Certification #: 12710  
North Dakota Certification #: R-216  
Ohio DEP 87780  
Oklahoma Certification #: D9947  
Pennsylvania Certification #: 68-00547  
Puerto Rico Certification #: FL01264  
South Carolina Certification: #96042001  
Tennessee Certification #: TN02974  
Texas Certification: FL NELAC Reciprocity  
US Virgin Islands Certification: FL NELAC Reciprocity  
Virginia Environmental Certification #: 460165  
West Virginia Certification #: 9962C  
Wisconsin Certification #: 399079670  
Wyoming (EPA Region 8): FL NELAC Reciprocity



**WO#: 70268127**

PM: KMM

Due Date: 09/06/23

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

I.I 8/23/23  
1615

Thermometer Used: TA196 Correction Factor: -0.4  Samples on ice, cooling process has begun  
 Cooler Temperature (°C): 3.8 Cooler Temperature Corrected (°C): 3.4 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: 8/23/23 I.I

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

Date and Initials of person checking preservation: \_\_\_\_\_

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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
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, 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).			
Per Method, VOA pH is checked after analysis			
Samples checked for dechlorination: KI starch test strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.	Initial when completed: Lot # of added preservative: Date/Time preservative added:
Residual chlorine strips Lot #			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	15.	Positive for Sulfide? Y N
Lead Acetate Strips Lot #			
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.