



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. : 70272909

Received :10/04/23 5:05 PM
 Sample Type :Drinking Water

Date Reported: 10/10/2023

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
70272909001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	10/4/23 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 10/5/23 12:05:00 PM	Absent 10/5/23 12:05:00 PM	0.52 10/4/23 8:00:00 AM
70272909002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	10/4/23 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 10/5/23 12:05:00 PM	Absent 10/5/23 12:05:00 PM	0.67 10/4/23 8:15:00 AM
70272909003	HB3 Routine Distribution U.S.C.G. Foster Ave.	10/4/23 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 10/5/23 12:05:00 PM	Absent 10/5/23 12:05:00 PM	0.60 10/4/23 8:30:00 AM
70272909004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	10/4/23 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 10/5/23 12:05:00 PM	Absent 10/5/23 12:05:00 PM	0.71 10/4/23 8:45:00 AM
70272909005	HB5 Routine Distribution H.B. High School Argonne Rd.	10/4/23 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 10/5/23 12:05:00 PM	Absent 10/5/23 12:05:00 PM	0.77 10/4/23 9:00:00 AM
70272909006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	10/4/23 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 10/5/23 12:05:00 PM	Absent 10/5/23 12:05:00 PM	0.75 10/4/23 9:15:00 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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70272909007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	10/4/23 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 10/5/23 12:05:00 PM	Absent 10/5/23 12:05:00 PM	0.69 10/4/23 9:30:00 AM
70272909008	HB7 Routine Distribution SO. Town Parks & Rec	10/4/23 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 10/5/23 12:05:00 PM	Absent 10/5/23 12:05:00 PM	0.84 10/4/23 9:45:00 AM
70272909009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	10/4/23 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 10/5/23 12:05:00 PM	Absent 10/5/23 12:05:00 PM	0.89 10/4/23 10:00:00 AM
70272909010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	10/4/23 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 10/5/23 12:05:00 PM	Absent 10/5/23 12:05:00 PM	0.73 10/4/23 10:15:00 AM
70272909011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	10/4/23 10:30:00 AM Collected by: CLIENT	Analysis Time	Absent 10/5/23 12:05:00 PM	Absent 10/5/23 12:05:00 PM	0.84 10/4/23 10:30:00 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.

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WorkOrder :

70272909

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



Sample Request Form PUBLIC WATER SUPPLIER

AKL BACHY
10/4/23 11205

Date: 10-4-2023

WELL OFF LINE

WELL RUN TO SYSTEM

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946

Phone #: (631) 728-0179

Attn: _____

Proj. # or (Name): _____

Bill To: _____

Copies To: _____

Sample Info:

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	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
10/4/23/800	PW	A9	D	-	RO	0.52	7.87	BACT w/CL	
10/4/23/815	PW	A2	D	-	RO	0.67	7.31	BACT w/CL	
10/4/23/830	PW	A3	D	-	RO	0.60	7.25	BACT w/CL	
10/4/23/845	PW	A4	D	-	RO	0.71	7.43	BACT w/CL	
10/4/23/900	PW	A5	D	-	RO	0.72	7.37	BACT w/CL	
10/4/23/915	PW	A6	D	-	RO	0.75	7.42	BACT w/CL	
10/4/23/930	PW	A27	D	-	RO	0.69	7.27	BACT w/CL	
10/4/23/945	PW	A7	D	-	RO	0.84	7.38	BACT w/CL	
10/4/23/1000	PW	A8	D	-	RO	0.89	7.61	BACT w/CL	
10/4/23/1015	PW	A10	D	-	RO	0.73	7.51	BACT w/CL	
10/4/23/1030	PW	A35	D	-	RO	0.84	7.23	BACT w/CL	

Remarks:

Client: HBW
 Work ID: Dist Baet 10/4

Profile #: 5223
 COC Page of

Use Point Number Spreadsheet
 Add SCLQFID to first sample for field change
 Multiday Project

COC Line Item	Matrix	1	2	3	4	5	6	7	8	9	10	11	12
VG9U	VG9U												
VG9C	VG9C												
VG9H	VG9H												
VG9S	VG9S												
DG9T	DG9T												
DG9Y	DG9Y												
DG9P	DG9P												
DG9A	DG9A												
DG6T	DG6T												
DG9S	DG9S												
AG4U	AG4U												
AG3U	AG3U												
AG2U	AG2U												
AG1U	AG1U												
AG34	AG34												
AG3S	AG3S												
AG4E	AG4E												
AG3T	AG3T												
AG2R	AG2R												
AG1T	AG1T												
AG1A	AG1A												
CG1U	CG1U												
BP4U	BP4U												
BP3U	BP3U												
BP2U	BP2U												
BP1U	BP1U												
BP3S	BP3S												
BP2S	BP2S												
BP4N	BP4N												
BP3N	BP3N												
BP2N	BP2N												
BP3C	BP3C												
BP3T	BP3T												
BP35	BP35												
BP3R	BP3R												
BP1Z	BP1Z												
BP1N	BP1N												
BP1B	BP1B												
SP5T	SP5T												
R	R												
WG2U	WG2U												
WGFU	WGFU												
WGKU	WGKU												
WGDU	WGDU												
ZPLC	ZPLC												
GN	GN												
WP	WP												
IOC	IOC												
SOC	SOC												

Container Codes

Code	Description	Code	Description	Code	Description
VG9U	40ml unpres clear vial	AG4U	125ml unpres amber glass	BP4U	125ml unpreserved plastic
VG9C	40ml Ascorbic-HCl clear vial	AG3U	250ml unpres amber glass	BP3U	250ml unpreserved plastic
VG9H	40ml HCl clear vial	AG1U	500ml unpres amber glass	BP1U	500ml unpreserved plastic
VG9S	40ml Sulfuric clear vial	AG34	500ml unpres amber glass	BP34	500ml unpreserved plastic
DG9T	40ml Na Thiosulfate vial	AG3S	250ml H2SO4 amber glass	BP3S	250ml HNO3 plastic
DG9Y	40ml Citrate-Na Thiosulfate	AG4E	125ml EDTA amber glass	BP4E	125ml HNO3 plastic
DG9P	40ml amber vial - TSP	AG3T	250ml Na Thio amber glass	BP3T	250ml HNO3 plastic
DG9A	Ascorbic/Maleic Acid 40ml	AG2R	Na Sulfite 500ml (blue Cap)	BP2R	500ml H2SO4 plastic
DG6T	Na Thio 60ml Vial	AG1T	Na Thiosulfate 1L bottle	BP1T	NaOH 250ml plastic
DG9S	Ammonium Cl/CuSO4 40ml	AG1A	1L HCl amber glass	BP1A	250ml Trizma
CG1U	1L Unpres Jar (Con Ed)	AG1A	(NH4Cl)	BP1A	250ml Ammonium Acetate
WG9O	Box clear soil jar			BP3R	250ml NH4SO4-NH4OH
WG4O	4oz clear soil jar			BP1Z	1L NaOH, Zn Acetate
				BP1N	1L HNO3 plastic
				BP1B	Na Thiosulfate Amber Bottle

IOC

BP1U	1L unpreserved plastic
BP3N	250ml HNO3 plastic
BP3C	250ml Sodium Hydroxide
AG2U	500ml unpres amber glass

Matrix

WT	Water
SL	Solid
NAL	Non-aqueous Liquid
OL	OIL
WP	Wipe
DW	Drinking Water

* Can also be a BP4N

SOC

VG9T	40ml Na Thio amber vial
DG9A	40ml Ascorbic acid/maleic acid vials
DG9Y	Citrate-Na Thiosulfate 40ml
DG6T	Na Thiosulfate 60ml vial
DG6M	Monochloroacetate-Na Thio 60ml
AG3U	250ml unpres amber glass
AG3T	Na Thiosulfate 250ml bottle
BP1B	Na Thiosulfate Amber bottle
AG1T	Na Thiosulfate 1L Amber
AG1A	525.3 Chemical Blend

Additional Comments

→ Received fine 17:05

Sender Initials

[Signature]

WO#: 70272909
 PM: KMM Due Date: 10/16/23
 CLIENT: HBW

WO#: 70272909

Client Name: HBW Project # _____

PM: KMM Due Date: 10/16/23
 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: _____ Correction Factor: _____ Samples on ice, cooling process has begun

Cooler Temperature (°C): 2.1 Cooler Temperature Corrected (°C): 2.4 Date/Time 5035A kits placed in freezer: 10/12/23 1705
 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	9.
-Pace Containers Used: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers Intact: <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 #	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 type="checkbox"/> No <input type="checkbox"/> N/A NAOH > 12 Cyanide)	Sample #
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).	Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
Per Method, VOA pH is checked after analysis	
Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	14.
KI starch test strips Lot #	Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #	
SM 4500 CN samples checked for sul: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	15.
Lead Acetate Strips Lot #	Positive for Sulfide? Y N
Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	16.
Trip Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	17.
Trip Blank Custody Seals Present: <input type="checkbox"/> Yes <input 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.