



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. : 70273770**

Received :10/11/23 4:30 PM  
 Sample Type :Drinking Water

Date Reported: 10/13/2023

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
70273770001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	10/11/23 8:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 10/12/23 12:00:00 PM	<b>Absent</b> 10/12/23 12:00:00 PM	<b>0.51</b> 10/11/23 8:00:00 AM
70273770002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	10/11/23 8:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 10/12/23 12:00:00 PM	<b>Absent</b> 10/12/23 12:00:00 PM	<b>0.89</b> 10/11/23 8:15:00 AM
70273770003	HB28 Routine Distribution Huebner Oakwood Rd.	10/11/23 8:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 10/12/23 12:00:00 PM	<b>Absent</b> 10/12/23 12:00:00 PM	<b>0.77</b> 10/11/23 8:30:00 AM
70273770004	HB29 Routine Distribution McFarland Ridgewood La.	10/11/23 8:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 10/12/23 12:00:00 PM	<b>Absent</b> 10/12/23 12:00:00 PM	<b>0.53</b> 10/11/23 8:45:00 AM
70273770005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	10/11/23 9:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 10/12/23 12:00:00 PM	<b>Absent</b> 10/12/23 12:00:00 PM	<b>0.46</b> 10/11/23 9:00:00 AM
70273770006	HB34 Routine Distribution Kappers 23 Washington Ave.	10/11/23 9:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 10/12/23 12:00:00 PM	<b>Absent</b> 10/12/23 12:00:00 PM	<b>0.49</b> 10/11/23 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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 Sample Type :Drinking Water

Date Reported: 10/13/2023

Lab	Location	Collected	Units	<b>E.coli</b>	<b>Total Coliforms</b>	<b>Field Residual</b>
			Method	N/A	N/A	mg/L
			Limits	SM22 9223B Colilert	SM22 9223B Colilert	
70273770007	HB31	10/11/23 9:30:00 AM		Absent	Absent	4
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	<b>10/12/23 12:00:00 PM</b>	<b>10/12/23 12:00:00 PM</b>	<b>10/11/23 9:30:00 AM</b>
70273770008	SPB#1	10/11/23 9:45:00 AM		Absent	Absent	0.6
Routine Distribution	SPB#1 Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	<b>10/12/23 12:00:00 PM</b>	<b>10/12/23 12:00:00 PM</b>	<b>10/11/23 9:45:00 AM</b>
70273770009	HB5A	10/11/23 10:00:00		Absent	Absent	0.38
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	<b>10/12/23 12:00:00 PM</b>	<b>10/12/23 12:00:00 PM</b>	<b>10/11/23 10:00:00 AM</b>
70273770010	HB21	10/11/23 10:15:00		Absent	Absent	0.47
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	<b>10/12/23 12:00:00 PM</b>	<b>10/12/23 12:00:00 PM</b>	<b>10/11/23 10:15:00 AM</b>

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 :**

70273770

## Laboratory Certifications

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**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#: 70273770



70273770

# Sample Request Form PUBLIC WATER SUPPLIER

Date: 10-11-2023

Collected By: Gregory V. V. V.

Accepted By: [Signature] 10/11/23

Cooler Temp: 3.0 °C

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:

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 <sub>2</sub> pH/Temp	Analysis	Lab No.
10/11/23 8:00	PW	#12	D	-	RO	.51 7.64	BACT w/ CC	
10/11/23 8:15	PW	#13	D	-	RO	.89 7.28	BACT w/ CC	
10/11/23 8:30	PW	#28	D	-	RO	.77 7.34	BACT w/ CC	
10/11/23 8:45	PW	#29	D	-	RO	.53 7.47	BACT w/ CC	
10/11/23 9:00	PW	#16	D	-	RO	.46 7.41	BACT w/ CC	
10/11/23 9:15	PW	#34	D	-	RO	.49 7.63	BACT w/ CC	
10/11/23 9:30	PW	#31	D	-	RO	.46 7.73	BACT w/ CC	
10/11/23 9:45	PW	SPB#1	D	-	RO	.16 7.51	BACT w/ CC	
10/11/23 10:00	PW	#5A	D	-	RO	.38 7.21	BACT w/ CC	
10/11/23 10:15	PW	#21	D	-	RO	.47 7.08	BACT w/ CC	
Remarks:								

*John A. [Signature]*  
10/11/23 1630



**WO#: 70273770**

**PM: KMM Due Date: 10/23/23**  
**CLIENT: HBW**

Client Name: HBLU 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: TH198 Correction Factor: +0.3  Samples on ice, cooling process has begun  
 Cooler Temperature (°C): 3.2 Cooler Temperature Corrected (°C): 4.1 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 10/11/23

	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 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	
Containers Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
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 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 10/11/23

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 <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, <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) <input checked="" type="checkbox"/> 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. _____
KI starch test strips Lot # _____	Positive for Res., Chlorine? Y N
Residual chlorine strips Lot # _____	15. _____
SM 4500 CN samples checked for sul <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Positive for Sulfide? Y N
Lead Acetate Strips Lot # _____	16. _____
Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	17. _____
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.