



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: Raw Well  
 Routine

**Hampton Bays Water District**

**PO Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Keith Tuthill**

Federal ID : 5103704

Collected : 10/11/2023 07:30 AM Point S-15687

Received : 10/11/2023 04:30 PM Location Well #1-1

Collected By CLIENT

**Lab No. : 70273774001**

**Client Sample ID.: S-15687**

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 10/11/2023 6:00 PM		
<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>
E.coli	Absent		1		Absent	10/12/2023 12:00	001 SP5T1/1
Total Coliforms	Absent		1		Absent	10/12/2023 12:00	001 SP5T1/1

**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: 10/17/2023

Kimberley Mack

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 Origin: Raw Well  
 Routine

**Hampton Bays Water District**  
**PO Box 1013**  
**Hampton Bays, NY 11946**  
**Attn To : Keith Tuthill**

**Lab No. : 70273774002**  
**Client Sample ID.: S-24848**

Federal ID : 5103704  
 Collected : 10/11/2023 07:40 AM Point S-24848  
 Received : 10/11/2023 04:30 PM Location Well #1-2  
 Collected By CLIENT

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrate as N	4.7		5	mg/L	10	10/13/2023 12:12	002 BP4U1/1
Nitrate-Nitrite (as N)	4.7		5	mg/L		10/13/2023 12:12	002 BP4U1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrite as N	<0.050		1	mg/L	1	10/12/2023 10:42	002 BP4U1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 10/11/2023 6:00 PM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	10/12/2023 12:00	002 SP5T1/1
Total Coliforms	Absent		1		Absent	10/12/2023 12:00	002 SP5T1/1

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 Origin: Raw Well  
 Routine

**Hampton Bays Water District**

**PO Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Keith Tuthill**

Federal ID : 5103704

Collected : 10/11/2023 08:05 AM Point S-31636

Received : 10/11/2023 04:30 PM Location Well #1-3

Collected By CLIENT

**Lab No. : 70273774003**

**Client Sample ID.: S-31636**

Analytical Method:EPA 353.2

<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>
Nitrate as N	5.4		5	mg/L	10	10/13/2023 12:17	003 BP4U1/1
Nitrate-Nitrite (as N)	5.4		5	mg/L		10/13/2023 12:17	003 BP4U1/1

Analytical Method:EPA 353.2

<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>
Nitrite as N	<0.050		1	mg/L	1	10/12/2023 10:45	003 BP4U1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 10/11/2023 6:00 PM

<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>
E.coli	Absent		1		Absent	10/12/2023 12:00	003 SP5T1/1
Total Coliforms	Absent		1		Absent	10/12/2023 12:00	003 SP5T1/1

Qualifiers:

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## Sample Information:

Type: Drinking Water  
 Origin: Raw Well  
 Routine

**Hampton Bays Water District**

**PO Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Keith Tuthill**

Federal ID : 5103704

Collected : 10/11/2023 08:20 AM Point S-50970

Received : 10/11/2023 04:30 PM Location Well #2-1

Collected By CLIENT

**Lab No. : 70273774004**

**Client Sample ID.: S-50970**

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 10/11/2023 6:00 PM		
<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>
E.coli	Absent		1		Absent	10/12/2023 12:00	004 SP5T1/1
Total Coliforms	Absent		1		Absent	10/12/2023 12:00	004 SP5T1/1

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### Sample Information:

Type: Drinking Water  
 Origin: Raw Well  
 Routine

**Hampton Bays Water District**

**PO Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Keith Tuthill**

Federal ID : 5103704

Collected : 10/11/2023 08:35 AM Point S-74071

Received : 10/11/2023 04:30 PM Location Well #2-2

Collected By CLIENT

**Lab No. : 70273774005**

**Client Sample ID.: S-74071**

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 10/11/2023 6:00 PM		
<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>
E.coli	Absent		1		Absent	10/12/2023 12:00	005 SP5T1/1
Total Coliforms	Absent		1		Absent	10/12/2023 12:00	005 SP5T1/1

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 Origin: Raw Well  
 Routine

**Hampton Bays Water District**

**PO Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Keith Tuthill**

Federal ID : 5103704

Collected : 10/11/2023 08:30 AM Point S-58350

Received : 10/11/2023 04:30 PM Location Well #3-1

Collected By CLIENT

**Lab No. : 70273774006**

**Client Sample ID.: S-58350**

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 10/11/2023 6:00 PM		
<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>
E.coli	Absent		1		Absent	10/12/2023 12:00	006 SP5T1/1
Total Coliforms	Absent		1		Absent	10/12/2023 12:00	006 SP5T1/1

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 Origin: Raw Well  
 Routine

**Hampton Bays Water District**

**PO Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Keith Tuthill**

Federal ID : 5103704

Collected : 10/11/2023 09:10 AM Point S-58351

Received : 10/11/2023 04:30 PM Location Well #3-2

Collected By CLIENT

**Lab No. : 70273774007**

**Client Sample ID.: S-58351**

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 10/11/2023 6:00 PM		
<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>
E.coli	Absent		1		Absent	10/12/2023 12:00	007 SP5T1/1
Total Coliforms	Absent		1		Absent	10/12/2023 12:00	007 SP5T1/1

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Type: Drinking Water  
 Origin: Raw Well  
 Routine

**Hampton Bays Water District**

**PO Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Keith Tuthill**

Federal ID : 5103704

Collected : 10/11/2023 09:35 AM Point S-58352

Received : 10/11/2023 04:30 PM Location Well #3-3

Collected By CLIENT

**Lab No. : 70273774008**

**Client Sample ID.: S-58352**

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 10/11/2023 6:00 PM		
<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>
E.coli	Absent		1		Absent	10/12/2023 12:00	008 SP5T1/1
Total Coliforms	Absent		1		Absent	10/12/2023 12:00	008 SP5T1/1

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Type: Drinking Water  
 Origin: Raw Well  
 Routine

**Hampton Bays Water District**

**PO Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Keith Tuthill**

Federal ID : 5103704

Collected : 10/11/2023 09:45 AM Point S-108065

Received : 10/11/2023 04:30 PM Location Well #4-1

Collected By CLIENT

**Lab No. : 70273774009**

**Client Sample ID.: S-108065**

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 10/11/2023 6:00 PM		
<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>
E.coli	Absent		1		Absent	10/12/2023 12:00	009 SP5T1/1
Total Coliforms	Absent		1		Absent	10/12/2023 12:00	009 SP5T1/1

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 Origin: Raw Well  
 Routine

**Hampton Bays Water District**

**PO Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Keith Tuthill**

Federal ID : 5103704

Collected : 10/11/2023 09:55 AM Point S-108066

Received : 10/11/2023 04:30 PM Location Well #4-2

Collected By CLIENT

**Lab No. : 70273774010**

**Client Sample ID.: S-108066**

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 10/11/2023 6:00 PM		
<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>
E.coli	Absent		1		Absent	10/12/2023 12:00	010 SP5T1/1
Total Coliforms	Absent		1		Absent	10/12/2023 12:00	010 SP5T1/1

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### Sample Information:

Type: Drinking Water  
 Origin: Raw Well  
 Routine

**Hampton Bays Water District**

**PO Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Keith Tuthill**

Federal ID : 5103704

Collected : 10/11/2023 10:20 AM Point S-127163

Received : 10/11/2023 04:30 PM Location Well #5-1

Collected By CLIENT

**Lab No. : 70273774011**

**Client Sample ID.: S-127163**

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 10/11/2023 6:00 PM		
<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>
E.coli	Absent		1		Absent	10/12/2023 12:00	011 SP5T1/1
Total Coliforms	Absent		1		Absent	10/12/2023 12:00	011 SP5T1/1

**Qualifiers:**

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**WorkOrder :**  
70273774

## 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

# Sample Request Form PUBLIC WATER SUPPLIER

*Pat Kelly 10/11/23 11630*

Date: 10-11-2023

Collected By: Pat Kelly

Accepted By: Pat Kelly 10/11/23

Cooler Temp: 3.8 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

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	

**Client Info:**

Name or Code: HAMPTON BAYS WATER DISTRICT  
 Address: PO. BOX 1013  
HAMPTON BAYS, NEW YORK 11946  
(631) 728-0179  
 Phone #: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Proj. # or (Name): \_\_\_\_\_  
 Bill To: \_\_\_\_\_  
 Copies To: \_\_\_\_\_

**Sample Info:**

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl <sub>2</sub> pH/Temp	Analysis	Lab No.
10/11/23 7:30AM	GW	Well 1-1	RW	-	RO		BACT	
10/11/23 7:40AM	GW	Well 1-2	RW	-	RO		BACT, N/N	
10/11/23 8:05AM	GW	Well 1-3	RW	-	RO		BACT, N/N	
10/11/23 8:20AM	GW	Well 2-1	RW	-	RO		BACT	
10/11/23 8:35AM	GW	Well 2-2	RW	-	RO		BACT	
10/11/23 8:50AM	GW	Well 3-1	RW	-	RO		BACT	
10/11/23 9:10AM	GW	Well 3-2	RW	-	RO		BACT	
10/11/23 9:35AM	GW	Well 3-3	RW	-	RO		BACT	
10/11/23 9:50AM	GW	Well 4-1	RW	-	RO		BACT	
10/11/23 9:50AM	GW	Well <del>4-1</del> 4-2	RW	-	RO		BACT	
10/11/23 10:00AM	GW	Well 5-1	RW	-	RO		BACT	

Remarks:



**WO#: 70273774**

Client Name: \_\_\_\_\_

Project # \_\_\_\_\_

PM: KMM

Due Date: 10/23/23

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other

CLIENT: HBW

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): \_\_\_\_\_ Cooler Temperature Corrected(°C): \_\_\_\_\_ Date/Time 5035A kits placed in freezer \_\_\_\_\_  
 Temp should be above freezing to 60°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 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 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 type="checkbox"/> No <input checked="" 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> 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 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 type="checkbox"/> N/A NAOH>12 Cyanide)	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 type="checkbox"/> N/A KI starch test strips Lot #	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 type="checkbox"/> No <input type="checkbox"/> N/A Lead Acetate Strips Lot #	16.
Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	17.
Trip Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 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.