



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

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 10/11/2023 07:50 AM Point BLENDED
 Received : 10/11/2023 04:30 PM Location BLENDED INFLUENT GAC
 Collected By CLIENT

Lab No. : 70273824001

Client Sample ID.: BLENDED INFLUENT GAC

<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

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: 10/17/2023



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

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 10/11/2023 07:55 AM Point BLENDED
 Received : 10/11/2023 04:30 PM Location BLENDED EFFLUENT GAC
 Collected By CLIENT

Lab No. : 70273824002

Client Sample ID.: BLENDED EFFLUENT GAC

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	4.7		5	mg/L	10	10/13/2023 12:16	002 BP4U1/1
Nitrate-Nitrite (as N)	4.7		5	mg/L		10/13/2023 12:16	002 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 10:08	002 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	002 SP5T1/1
Total Coliforms	Absent		1		Absent	10/12/2023 12:00	002 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

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: 10/17/2023



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

WorkOrder :
70273824

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

Client Name: HBW Project: _____

WO#: 70273824
PM: KMM Due Date: **10/23/23**
CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace Other
 Tracking #: _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No
 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): 3.8 Cooler Temperature Corrected (°C): 4.1 Date/Time 5035A kits placed in freezer: 10/11/23 1630
 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: MS 11/11/20

	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	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 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:

All containers needing preservation have been: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #	Sample #
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 checked="" type="checkbox"/> N/A NAOH > 12 Cyanide) 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.
KI starch test strips Lot #	Positive for Res., Chlorine? Y N
Residual chlorine strips Lot #	15.
SM 4500 CN samples checked for sulfide: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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.