



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. : 70276157

Received : 11/01/23 4:50 PM
 Sample Type : Drinking Water

Date Reported: 11/09/2023

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
70276157001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	11/1/23 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 11/2/23 11:30:00 AM	Absent 11/2/23 11:30:00 AM	0.54 11/1/23 7:45:00 AM
70276157002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	11/1/23 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 11/2/23 11:30:00 AM	Absent 11/2/23 11:30:00 AM	0.38 11/1/23 8:00:00 AM
70276157003	HB3 Routine Distribution U.S.C.G. Foster Ave.	11/1/23 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 11/2/23 11:30:00 AM	Absent 11/2/23 11:30:00 AM	0.36 11/1/23 8:15:00 AM
70276157004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	11/1/23 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 11/2/23 11:30:00 AM	Absent 11/2/23 11:30:00 AM	0.51 11/1/23 8:30:00 AM
70276157005	HB5 Routine Distribution H.B. High School Argonne Rd.	11/1/23 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 11/2/23 11:30:00 AM	Absent 11/2/23 11:30:00 AM	0.53 11/1/23 8:45:00 AM
70276157006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	11/1/23 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 11/2/23 11:30:00 AM	Absent 11/2/23 11:30:00 AM	0.70 11/1/23 9:00:00 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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70276157007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	11/1/23 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 11/2/23 11:30:00 AM	Absent 11/2/23 11:30:00 AM	0.55 11/1/23 9:15:00 AM
70276157008	HB7 Routine Distribution SO. Town Parks & Rec	11/1/23 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 11/2/23 11:30:00 AM	Absent 11/2/23 11:30:00 AM	0.61 11/1/23 9:30:00 AM
70276157009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	11/1/23 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 11/2/23 11:30:00 AM	Absent 11/2/23 11:30:00 AM	1.32 11/1/23 9:45:00 AM
70276157010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	11/1/23 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 11/2/23 11:30:00 AM	Absent 11/2/23 11:30:00 AM	0.67 11/1/23 10:00:00 AM
70276157011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	11/1/23 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 11/2/23 11:30:00 AM	Absent 11/2/23 11:30:00 AM	0.85 11/1/23 10:15:00 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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WorkOrder :

70276157

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

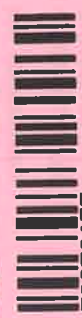
New York Certification #: 10478 Primary Accrediting Body

Pennsylvania Certification #: 68-00350

Rhode Island Certification #: LAO00340

Virginia Certification # 460302

WO# : 70276157



70276157

Sample Request Form PUBLIC WATER SUPPLIER

Pat Doherty
11/1/23 1650

Date: 11-1-2023

Collected By: K. TOTHAN

Accepted By: Pat Doherty 11/1/23

Cooler Temp: 2.3 °C 1400

WELL OFF LINE

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 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	

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	pH/Temp	Analysis	Lab No.
11/1/23/7:45	PW	#9	D	-	RO	.54	7.41	BACT w/ CL	
11/1/23/8:00	PW	#2	D	-	RO	.38	7.15	BACT w/ CL	
11/1/23/8:15	PW	#3	D	-	RO	.36	7.01	BACT w/ CL	
11/1/23/8:30	PW	#4	D	-	RO	.51	7.12	BACT w/ CL	
11/1/23/8:45	PW	#5	D	-	RO	.53	7.01	BACT w/ CL	
11/1/23/9:00	PW	#6	D	-	RO	.70	7.08	BACT w/ CL	
11/1/23/	PW	#27	D	-	RO	.55	7.11	BACT w/ CL	
11/1/23/	PW	#7	D	-	RO	.61	7.14	BACT w/ CL	
11/1/23/	PW	#8	D	-	RO	.32	7.23	BACT w/ CL	
11/1/23/	PW	#10	D	-	RO	.67	7.07	BACT w/ CL	
11/1/23/	PW	#35	D	-	RO	.85	7.01	BACT w/ CL	

Remarks:

WO#: 70276157

PM: KMM Due Date: 11/13/23
CLIENT: HBW

Client Name: HBW

Project:

Courier: Fed Ex UPS USPS Client Commercial Parcel 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 Non Other Type of Ice: Wet Blue None

Thermometer Used: TH 158 Correction Factor: +0.3 Samples on ice, cooling process has begun

Cooler Temperature (°C): 2.3 Cooler Temperature Corrected (°C): 2.6 Date/Time: 5035A kits placed in freezer 11/11/23 1650

Temp should be above freezing to 6°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 11/1/23

	COMMENTS:
Chain of Custody Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out: <input 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 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 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: SH 11/1/23

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	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). <u>Per Method, VOA pH is checked after analysis</u>	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 #	
Residual chlorine strips Lot #	Positive for Res. Chlorine? Y N
SM 4500 CN samples checked for sul <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	

DATE AND INITIALS OF PERSON COMPLETING SECOND REVIEW: MM 11/2/23

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution:

* PM (Project Manager) review is documented electronically in LIMS.