



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. : 70276936

Received : 11/08/23 1:40 PM
 Sample Type : Drinking Water

Date Reported: 11/16/2023

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
70276936001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	11/8/23 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 11/9/23 12:14:00 PM	Absent 11/9/23 12:14:00 PM	0.68 11/8/23 8:15:00 AM
70276936002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	11/8/23 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 11/9/23 12:14:00 PM	Absent 11/9/23 12:14:00 PM	0.69 11/8/23 8:30:00 AM
70276936003	HB28 Routine Distribution Huebner Oakwood Rd.	11/8/23 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 11/9/23 12:14:00 PM	Absent 11/9/23 12:14:00 PM	0.56 11/8/23 8:45:00 AM
70276936004	HB29 Routine Distribution McFarland Ridgewood La.	11/8/23 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 11/9/23 12:14:00 PM	Absent 11/9/23 12:14:00 PM	0.62 11/8/23 9:00:00 AM
70276936005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	11/8/23 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 11/9/23 12:14:00 PM	Absent 11/9/23 12:14:00 PM	0.57 11/8/23 9:15:00 AM
70276936006	HB34 Routine Distribution Kappers 23 Washington Ave.	11/8/23 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 11/9/23 12:14:00 PM	Absent 11/9/23 12:14:00 PM	0.5 11/8/23 9:30:00 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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Kimberley Mack



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70276936007	HB31 Routine Distribution Maryland Blvd.	11/8/23 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 11/9/23 12:14:00 PM	Absent 11/9/23 12:14:00 PM	0.63 11/8/23 9:45:00 AM
70276936008	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	11/8/23 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 11/9/23 12:14:00 PM	Absent 11/9/23 12:14:00 PM	0.59 11/8/23 10:00:00 AM
70276936009	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	11/8/23 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 11/9/23 12:14:00 PM	Absent 11/9/23 12:14:00 PM	0.41 11/8/23 10:15:00 AM
70276936010	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	11/8/23 10:30:00 AM Collected by: CLIENT	Analysis Time	Absent 11/9/23 12:14:00 PM	Absent 11/9/23 12:14:00 PM	0.6 11/8/23 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	
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WorkOrder :

70276936

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#: 70276936



70276936

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Sample Request Form PUBLIC WATER SUPPLIER

Pat. Kelly
11/8/23 1705

Date: 11-8-2023

Collected By: *G. Valenti*

Accepted By: *Pat Kelly 11/8/23*

Cooler Temp: 13.1 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

P.O. BOX 1013

Address: 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 ₂ pH/Temp	Analysis	Lab No.
11/8/23/8:15	PW	#12	D	-	RO	.68 7.38	BACT w/ CC	
11/8/23/8:30	PW	#13	D	-	RO	.69 7.16	BACT w/ CC	
11/8/23/8:45	PW	#28	D	-	RO	.56 7.23	BACT w/ CC	
11/8/23/9:00	PW	#29	D	-	RO	.62 7.19	BACT w/ CC	
11/8/23/9:15	PW	#16	D	-	RO	.57 7.24	BACT w/ CC	
11/8/23/9:30	PW	#34	D	-	RO	.5 7.21	BACT w/ CC	
11/8/23/9:45	PW	#31	D	-	RO	.63 7.27	BACT w/ CC	
11/8/23/10:00	PW	SPB #1	D	-	RO	.59 7.15	BACT w/ CC	
11/8/23/10:15	PW	Victoria Rd #5A	D	-	RO	.41 7.11	BACT w/ CC	
11/8/23/10:30	PW	#21	D	-	RO	.6 7.22	BACT w/ CC	
11/8/23/10:45	PW	9 Victoria Rd	D	-	RO	.64 7.15	BACT w/ CC, FILM	

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	

Remarks:

WO#: 70276936

Client Name: HBW Project # _____

PM: KMM Due Date: 11/17/23
 CLIENT: HBW

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

Thermometer Used: TH198 Correction Factor: +0.3 Samples on ice, cooling process has begun
 Cooler Temperature (°C): 3.1 Cooler Temperature-Corrected (°C): 3.4 Date/Time 5035A kits placed in freezer: 11/8/23 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: MPL 11/8

	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	11.
Filtered volume received for Dissolved tests: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	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 WT OIL OTHER</u>	

Date and Initials of person checking preservation: MPL 11/8

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 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, NaOH > 12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	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:
Samples checked for dechlorination: KI starch test strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	16.	
Lead Acetate Strips Lot #		17.	
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
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		

DATE AND INITIALS OF PERSON COMPLETING SECOND REVIEW: pb 11/8/23

Client Notification/ Resolution: _____ Field Data Required? Y / N
 Person Contacted: _____ Date/Time: _____
 Comments/ Resolution: _____

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