



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:

Hampton Bays Water District

PO Box 1013

Hampton Bays, NY 11946

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 11/08/2023 10:45 AM Point

Received : 11/08/2023 01:40 PM Location

Collected By CLIENT

Lab No. : 70276945001

Client Sample ID.: 9 VICTORIA RD

Analytical Method:EPA 200.7

| <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> |
|---------------------|----------------|------------------|-------------|--------------|--------------|------------------|-------------------|
| Iron | <0.020 | | 1 | mg/L | 0.3 | 11/13/2023 12:29 | 001 BP3N1/1 |
| Manganese | <0.010 | | 1 | mg/L | 0.3 | 11/13/2023 12:29 | 001 BP3N1/1 |

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: 11/13/2023

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.



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WorkOrder :
70276945

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

Py DeMy
11/8/23 1705

Sample Request Form PUBLIC WATER SUPPLIER

Date: 11-8-2023
 Collected By: G. Valenti
 Accepted By: [Signature] 11/8/23
 Cooler Temp: 3.1 °C 1346

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 | |



NO#: 70276945

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:

| 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 | SPB #1 #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, I, M | |

Remarks:

WO#: 70276945

Client Name: HBW Project **PM: KMM** Due Date: **11/14/23**

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 None Other Type of Ice: Wet Blue None

Thermometer Used: TA198 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 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 | 10. |
| 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: <u>SL</u> <u>WT</u> <u>OIL</u> <u>OTHER</u> | |

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

| | |
|--|--|
| All containers needing preservation have been pH paper Lot # <u>227822v</u> 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) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis | 13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl Sample # _____ 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 KI starch test strips Lot # _____ Residual chlorine strips Lot # _____ | 14. 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 Lead Acetate Strips Lot # _____ | 15. Positive for Sulfide? Y N |
| 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 Trip Blank Custody Seals Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 17. |

DATE AND INITIALS OF PERSON COMPLETING SECOND REVIEW: PD 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.