



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. : 70280032**

Received :12/06/23 4:50 PM  
 Sample Type :Drinking Water

Date Reported: 12/08/2023

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
70280032001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	12/6/23 8:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/7/23 10:55:00 AM	<b>Absent</b> 12/7/23 10:55:00 AM	<b>0.84</b> 12/6/23 8:00:00 AM
70280032002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	12/6/23 8:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/7/23 10:55:00 AM	<b>Absent</b> 12/7/23 10:55:00 AM	<b>0.64</b> 12/6/23 8:15:00 AM
70280032003	HB3 Routine Distribution U.S.C.G. Foster Ave.	12/6/23 8:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/7/23 10:55:00 AM	<b>Absent</b> 12/7/23 10:55:00 AM	<b>0.48</b> 12/6/23 8:30:00 AM
70280032004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	12/6/23 8:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/7/23 10:55:00 AM	<b>Absent</b> 12/7/23 10:55:00 AM	<b>0.81</b> 12/6/23 8:45:00 AM
70280032005	HB5 Routine Distribution H.B. High School Argonne Rd.	12/6/23 9:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/7/23 10:55:00 AM	<b>Absent</b> 12/7/23 10:55:00 AM	<b>0.78</b> 12/6/23 9:00:00 AM
70280032006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	12/6/23 9:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/7/23 10:55:00 AM	<b>Absent</b> 12/7/23 10:55:00 AM	<b>0.67</b> 12/6/23 9:15:00 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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Kimberley Mack



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70280032007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	12/6/23 9:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/7/23 10:55:00 AM	<b>Absent</b> 12/7/23 10:55:00 AM	<b>0.62</b> 12/6/23 9:30:00 AM
70280032008	HB7 Routine Distribution SO. Town Parks & Rec	12/6/23 9:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/7/23 10:55:00 AM	<b>Absent</b> 12/7/23 10:55:00 AM	<b>0.67</b> 12/6/23 9:45:00 AM
70280032009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	12/6/23 10:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/7/23 10:55:00 AM	<b>Absent</b> 12/7/23 10:55:00 AM	<b>0.89</b> 12/6/23 10:00:00 AM
70280032010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	12/6/23 10:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/7/23 10:55:00 AM	<b>Absent</b> 12/7/23 10:55:00 AM	<b>0.69</b> 12/6/23 10:15:00 AM
70280032011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	12/6/23 10:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 12/7/23 10:55:00 AM	<b>Absent</b> 12/7/23 10:55:00 AM	<b>0.58</b> 12/6/23 10:30:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).  
 Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

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FM = Iron/Manganese Removal	
N = Nitrate Removal	O = Other

Test results meet the requirements of NELAC unless otherwise noted.

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**WorkOrder :**

70280032

## 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

WO#: 70280032



70280032

11747  
10011420-6436

# Sample Request Form PUBLIC WATER SUPPLIER

Date: 12-6-2023

Collected By: Gregory B. Valentino

Accepted By: pub Kelly 12/6/23

Cooler Temp: 2.9 °C / 1330

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

### 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:

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	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Cl <sub>2</sub>	Field Readings pH/Temp	Analysis	Lab No.
12/14/23/800	PW	#19	D	-	RO	.884	7.43	Bact w/ CC	
12/14/23/815	PW	#2	D	-	RO	.64	7.37	Bact w/ CC	
12/14/23/830	PW	#3	D	-	RO	.48	7.40	Bact w/ CC	
12/14/23/845	PW	#4	D	-	RO	.81	7.51	Bact w/ CC	
12/16/23/900	PW	#5	D	-	RO	.78	7.45	Bact w/ CC	
12/14/23/915	PW	#6	D	-	RO	.67	7.31	Bact w/ CC	
12/14/23/930	PW	#27	D	-	RO	.62	7.39	Bact w/ CC	
12/14/23/945	PW	#7	D	-	RO	.67	7.33	Bact w/ CC	
12/16/23/1000	PW	#8	D	-	RO	.89	7.52	Bact w/ CC	
12/16/23/1015	PW	#10	D	-	RO	.69	7.52	Bact w/ CC	
12/14/23/1030	PW	#35	D	-	RO	.58	7.49	Bact w/ CC	

Remarks:

WO#: 70280032

Client Name: HBW

Project #

PM: KMM

Due Date: 12/18/23

CLIENT: HBW

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

Thermometer Used: TH211 Correction Factor: +0.4  Samples on ice, cooling process has begun

Cooler Temperature (°C): 2.9 Cooler Temperature Corrected (°C): 3.3 Date/Time 5035A kits placed in freezer: 12/4/23 1650

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: [Signature]

	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 type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	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 type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	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> WT OIL OTHER	

Date and Initials of person checking preservation:

All containers needing preservation have been <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	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
pH paper Lot #	Sample #
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 <u>N/A</u> )	
NAOH > 12 Cyanide)	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water)	Initial when completed: Lot # of added preservative: Date/Time preservative added:
Per Method, VOA pH is checked after analysis	
Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	14.
KI starch test strips Lot #	Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #	15.
SM 4500 CN samples checked for sul <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	Positive for Sulfide? Y N
Lead Acetate Strips Lot #	16.
Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	17.
Trip Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	
Trip Blank Custody Seals Present <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	

DATE AND INITIALS OF PERSON COMPLETING SECOND REVIEW: [Signature] 1/5 12/6/23

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution:

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