



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. : 70280838

Received : 12/13/23 12:05
 Sample Type : Drinking Water

Date Reported: 12/19/2023

Lab	Location	Collected	Units	E.coli	Total Coliforms	Field Residual
			Method	N/A	N/A	mg/L
			Limits	SM22 9223B Colilert	SM22 9223B Colilert	
70280838001	HB12	12/13/23 8:00:00 AM		Absent	Absent	4
Routine	M. Layburn	Collected by: CLIENT	Analysis Time	12/14/23 12:25:00 PM	12/14/23 12:25:00 PM	12/13/23 8:00:00 AM
Distribution	Squires Pond Rd.					
70280838002	HB13	12/13/23 8:15:00 AM		Absent	Absent	0.78
Routine	H.B. Bagel	Collected by: CLIENT	Analysis Time	12/14/23 12:25:00 PM	12/14/23 12:25:00 PM	12/13/23 8:15:00 AM
Distribution	W. Montauk Hwy.					
70280838003	HB28	12/13/23 8:30:00 AM		Absent	Absent	0.80
Routine	Huebner	Collected by: CLIENT	Analysis Time	12/14/23 12:25:00 PM	12/14/23 12:25:00 PM	12/13/23 8:30:00 AM
Distribution	Oakwood Rd.					
70280838004	HB29	12/13/23 8:45:00 AM		Absent	Absent	0.83
Routine	McFarland	Collected by: CLIENT	Analysis Time	12/14/23 12:25:00 PM	12/14/23 12:25:00 PM	12/13/23 8:45:00 AM
Distribution	Ridgewood La.					
70280838005	HB16	12/13/23 9:00:00 AM		Absent	Absent	0.67
Routine	Spellman's Marine	Collected by: CLIENT	Analysis Time	12/14/23 12:25:00 PM	12/14/23 12:25:00 PM	12/13/23 9:00:00 AM
Distribution	Rampasture Rd.					
70280838006	HB34	12/13/23 9:15:00 AM		Absent	Absent	0.65
Routine	Kappers	Collected by: CLIENT	Analysis Time	12/14/23 12:25:00 PM	12/14/23 12:25:00 PM	12/13/23 9:15:00 AM
Distribution	23 Washington Ave.					

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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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
70280838007	HB31 Routine Distribution Maryland Blvd.	12/13/23 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 12/14/23 12:25:00 PM	Absent 12/14/23 12:25:00 PM	0.65 12/13/23 9:30:00 AM
70280838008	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	12/13/23 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 12/14/23 12:25:00 PM	Absent 12/14/23 12:25:00 PM	0.72 12/13/23 9:45:00 AM
70280838009	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	12/13/23 10:00:00 Collected by: CLIENT	Analysis Time	Absent 12/14/23 12:25:00 PM	Absent 12/14/23 12:25:00 PM	0.43 12/13/23 10:00:00 AM
70280838010	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	12/13/23 10:15:00 Collected by: CLIENT	Analysis Time	Absent 12/14/23 12:25:00 PM	Absent 12/14/23 12:25:00 PM	0.71 12/13/23 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	
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WorkOrder :

70280838

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#: 70280838



70280838

Sample Request Form PUBLIC WATER SUPPLIER

Date: 12-13-2023

Collected By: S. Gregory / G. Valen / K. (K. J. Valen)

Accepted By: [Signature]

Cooler Temp: 3.9 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Client Info:

Name or Code: _____

Address: HAMPTON BAYS WATER DISTRICT
P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946
(631) 725-0179

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.
12/13/23/900	PW	#12	D	-	RO	0.78 7.48	BACT w/ c/c	
12/13/23/915	PW	#13	D	-	RO	0.80 7.53	BACT w/ c/c	
12/13/23/830	PW	#128	D	-	RO	0.83 7.41	BACT w/ c/c	
12/13/23/845	PW	#29	D	-	RO	0.67 7.38	BACT w/ c/c	
12/13/23/900	PW	#16	D	-	RO	0.65 7.43	BACT w/ c/c	
12/13/23/915	PW	#34	D	-	RO	0.59 7.52	BACT w/ c/c	
12/13/23/930	PW	#31	D	-	RO	0.65 7.66	BACT w/ c/c	
12/13/23/945	PW	SPB #1	D	-	RO	0.72 7.57	BACT w/ c/c	
12/13/23/1000	PW	#5A	D	-	RO	0.43 7.45	BACT w/ c/c	
12/13/23/1015	PW	#21	D	-	RO	0.71 7.56	BACT w/ c/c	
12/13/23/1730	PW	Plant 5 entry point	D	-	RO		UCMR5	

Remarks:

Sample Types Purpose Origin Treatment Types

PW - Potable Water
 GW - Groundwater
 SW - Surface Water
 WW - Waste Water
 AQ - Aqueous
 S - Soil

RO - Routine
 RE - Resample
 S - Special

D - Distribution
 RW - Raw Well
 TW - Treated Well
 T - Tank
 MW - Monitoring Well
 I - Influent
 E - Effluent

AST - Air Stripper
 GAC - Granular Activated Charcoal
 N - Nitrate Removal Plant
 FE - Iron Removal Plant
 O - Other

July 2023 1/6/23

WO#: 70280838

PM: KMM Due Date: 12/22/23
CLIENT: HBW

HBW

Client Name: _____

Project _____

Courier: Fed Ex UPS USPS Client Commercial Pack 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: 79211 Correction Factor: +0.4 Samples on ice, cooling process has begun
 Cooler Temperature (°C): 3.9 Cooler Temperature Corrected (°C): 4.3 Date/Time 5035A kits placed in freezer: 12/13/23 1625

Temp should be above freezing to 5.0°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: 02 12/13/23

	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 type="checkbox"/> Yes <input checked="" 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 checked="" 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> <u>WT</u> <u>OIL</u> <u>OTHER</u>	

Date and Initials of person checking preservation: 02 12/13/23

All containers needing preservation have been pH paper Lot # 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 checked="" type="checkbox"/> No <u>N/A</u> 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 #
Samples checked for dechlorination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u> KI starch test strips Lot #	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u> Lead Acetate Strips Lot #	16.
Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u>	17.
Trip Blank Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u> Trip Blank Custody Seals Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u>	

DATE AND INITIALS OF PERSON COMPLETING SECOND REVIEW: SH 12/13

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____

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