



575 Broad Hollow Road, Melville, NY 11747
 TEL: (631) 694-3040 FAX: (631) 420-8436
 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
P.O. Box 1013
Hampton Bays, NY 11946
Attn To : Supt. McCuen
 Federal ID : 5103704

Lab Project No. : 70242865

Received :01/11/23 12:40
 Sample Type :Drinking Water

Date Reported:01/14/2023

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
70242865001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	1/11/23 7:30:00 AM Collected by: CLIENT	Analysis Time	Absent 1/12/23 11:55:00 AM	Absent 1/12/23 11:55:00 AM	0.44 1/11/23 7:30:00 AM
70242865002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	1/11/23 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 1/12/23 11:55:00 AM	Absent 1/12/23 11:55:00 AM	0.95 1/11/23 7:45:00 AM
70242865003	HB28 Routine Distribution Huebner Oakwood Rd.	1/11/23 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 1/12/23 11:55:00 AM	Absent 1/12/23 11:55:00 AM	0.58 1/11/23 8:00:00 AM
70242865004	HB29 Routine Distribution McFarland Ridgewood La.	1/11/23 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 1/12/23 11:55:00 AM	Absent 1/12/23 11:55:00 AM	0.60 1/11/23 8:15:00 AM
70242865005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	1/11/23 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 1/12/23 11:55:00 AM	Absent 1/12/23 11:55:00 AM	0.50 1/11/23 8:30:00 AM
70242865006	HB31 Routine Distribution Maryland Blvd.	1/11/23 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 1/12/23 11:55:00 AM	Absent 1/12/23 11:55:00 AM	0.58 1/11/23 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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70242865007	HB34 Routine Kappers Distribution 23 Washington Ave.	1/11/23 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 1/12/23 11:55:00 AM	Absent 1/12/23 11:55:00 AM	0.69 1/11/23 8:45:00 AM
70242865008	SPB#1 Routine SPB#1 Distribution Adj. Hydrant#465	1/11/23 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 1/12/23 11:55:00 AM	Absent 1/12/23 11:55:00 AM	0.67 1/11/23 9:15:00 AM
70242865009	HB21 Routine H.B. Fire Dept. Distribution Montauk Hwy.	1/11/23 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 1/12/23 11:55:00 AM	Absent 1/12/23 11:55:00 AM	0.47 1/11/23 10:00:00 AM
70242865010	HB5A Routine Sunday's By The Bay Distribution Dune Rd.	1/11/23 9:35:00 AM Collected by: CLIENT	Analysis Time	Absent 1/12/23 11:55:00 AM	Absent 1/12/23 11:55:00 AM	0.34 1/11/23 9:35:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).
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Treatments	
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WorkOrder :

70242865

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#: 70242865



575 Broad Hollow Rd., Melville, NY 11747
(631) 694-3040 Fax: (631) 420-8436

Client Info:
Name or Code: HAMPTON BAYS WATER DISTRICT
Address: P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946
(631) 726-0179

Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____

Sample Request Form PUBLIC WATER SUPPLIER

Date: 1-11-23
Collected By: K. T. THILL
Accepted By: [Signature]
Cooler Temp: 4.2 °C 12:40

Return to Lab
1/11/23 1630
 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	

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings C ₂ pH/Temp	Analysis	Lab No.
1/11/23/7:30AM	PW	#12	D	-	RO	.44 7.86	BACT w/ CL	
1/11/23/7:45AM	PW	#13	D	-	RO	.95 7.89	BACT w/ CL	
1/11/23/8:00AM	PW	#28	D	-	RO	.58 7.77	BACT w/ CL	
1/11/23/8:15AM	PW	#29	D	-	RO	.60 7.87	BACT w/ CL	
1/11/23/8:30AM	PW	#16	D	-	RO	.50 7.76	BACT w/ CL	
1/11/23/8:00AM	PW	#31	D	-	RO	.58 7.73	BACT w/ CL	
1/11/23/8:45AM	PW	#34	D	-	RO	.69 7.54	BACT w/ CL	
1/11/23/9:15AM	PW	SPB#1	D	-	RO	.67 7.47	BACT w/ CL	
1/11/23/10:00AM	PW	#21	D	-	RO	.47 7.49	BACT w/ CL	
1/11/23/9:30AM	PW	#5A	D	-	RO	.34 7.38	BACT w/ CL	

Remarks:

Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No N/A

Packing Material: Bubble-Wrap Bubble Bags Ziploc None Other

Thermometer Used: T114g Correction Factor: + 0.1

Cooler Temperature(°C): 4.2 Cooler Temperature Corrected(°C): 4.3

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: 1/11/23 1630

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC,

Did samples originate from a foreign source including Hawaii and Puerto Rico? Yes No

NM, NY, OK, OR, SC, TN, TX, or VA (check map)? Yes No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

	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 I) <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			
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 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/Matrix: <u>SL WT OIL</u>			
All containers needing preservation have been checked? <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 checked="" type="checkbox"/> NaOH <input type="checkbox"/> HCl	
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, NaOH>12 Cyanide) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRD/8015 (water).			
Per Method, VOA pH is checked after analysis			
Samples checked for dechlorination: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.	Initial when completed:	Lot # of added preservative:
KI starch test strips Lot #			Date/Time preservative added:
Residual chlorine strips Lot #			
SM 4500 CN samples checked for sulfide? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.	Positive for Res. Chlorine? Y N	
Lead Acetate Strips Lot #		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	17.		
Trip Blank Custody Seals Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Pace Trip Blank Lot # (if applicable): _____			

Client Notification/ Resolution: _____

Field Data Required? Y / N

Person Contacted: _____

Date/Time: _____

Comments/ Resolution: _____