



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
P.O. Box 1013
Hampton Bays, NY 11946
Attn To : Supt. McCuen
 Federal ID : 5103704

Lab Project No. : 70244992

Received :02/01/23 1:15 PM
 Sample Type :Drinking Water

Date Reported:02/07/2023

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
70244992001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	2/1/23 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 2/2/23 11:30:00 AM	Absent 2/2/23 11:30:00 AM	0.38 2/1/23 8:00:00 AM
70244992002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	2/1/23 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 2/2/23 11:30:00 AM	Absent 2/2/23 11:30:00 AM	0.44 2/1/23 8:15:00 AM
70244992003	HB3 Routine Distribution U.S.C.G. Foster Ave.	2/1/23 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 2/2/23 11:30:00 AM	Absent 2/2/23 11:30:00 AM	0.31 2/1/23 8:30:00 AM
70244992004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	2/1/23 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 2/2/23 11:30:00 AM	Absent 2/2/23 11:30:00 AM	0.64 2/1/23 9:00:00 AM
70244992005	HB5 Routine Distribution H.B. High School Argonne Rd.	2/1/23 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 2/2/23 11:30:00 AM	Absent 2/2/23 11:30:00 AM	0.44 2/1/23 8:45:00 AM
70244992006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	2/1/23 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 2/2/23 11:30:00 AM	Absent 2/2/23 11:30:00 AM	0.46 2/1/23 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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70244992007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	2/1/23 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 2/2/23 11:30:00 AM	Absent 2/2/23 11:30:00 AM	0.50 2/1/23 9:30:00 AM
70244992008	HB7 Routine Distribution SO. Town Parks & Rec	2/1/23 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 2/2/23 11:30:00 AM	Absent 2/2/23 11:30:00 AM	0.41 2/1/23 9:45:00 AM
70244992009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	2/1/23 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 2/2/23 11:30:00 AM	Absent 2/2/23 11:30:00 AM	0.53 2/1/23 11:00:00 AM
70244992010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	2/1/23 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 2/2/23 11:30:00 AM	Absent 2/2/23 11:30:00 AM	0.61 2/1/23 10:15:00 AM
70244992011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	2/1/23 10:30:00 AM Collected by: CLIENT	Analysis Time	Absent 2/2/23 11:30:00 AM	Absent 2/2/23 11:30:00 AM	0.57 2/1/23 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	
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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WorkOrder :

70244992

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

Return to Lab
2/1/23 1705

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Date: 2-1-23

Collected By: G. Valentin
Accepted By: Paul Rhy 2/1/23 1315

Cooler Temp: 4.4 °C

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 Cl ₂ / pH / Temp	Analysis	Lab No.
2/1/23/8:00AM	PW	#9	D	-	RO	.38 / 7.36	BACT w/ccl	
2/1/23/8:15AM	PW	#2	D	-	RO	.44 / 7.80	BACT w/ccl	
2/1/23/8:30AM	PW	#3	D	-	RO	.31 / 7.81	BACT w/ccl	
2/1/23/9:00AM	PW	#4	D	-	RO	.64 / 7.84	BACT w/ccl	
2/1/23/9:45AM	PW	#5	D	-	RO	.44 / 7.73	BACT w/ccl	
2/1/23/9:15AM	PW	#6	D	-	RO	.46 / 7.91	BACT w/ccl	
2/1/23/9:30AM	PW	#27	D	-	RO	.50 / 7.92	BACT w/ccl	
2/1/23/9:45AM	PW	#7	D	-	RO	.41 / 7.89	BACT w/ccl	
2/1/23/10:00AM	PW	#8	D	-	RO	.53 / 7.77	BACT w/ccl	
2/1/23/10:15AM	PW	#10	D	-	RO	.61 / 7.87	BACT w/ccl	
2/1/23/10:30AM	PW	#35	D	-	RO	.57 / 7.69	BACT w/ccl	

Remarks:

WO#: 70244992



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: _____

Client Name: HBW

WO#: 70244992

PM: KMM Due Date: 02/10/23
 CLIENT: HBW

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: T1148 Correction Factor: + 0.1

Cooler Temperature [°C]: 4.4 Cooler Temperature Corrected [°C]: 4.5

Temp should be above freezing to 6.0°C

USDA Regulated Soil N/A, water sample

temperature Blank Present: Yes No

Type of Ice: Wet Blue None

Samples on ice, cooling process has begun

Date/Time 5035A kits placed in freezer _____

Date and Initials of person examining contents: 2/1/23 1705

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 (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 type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input 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 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 checked="" 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 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 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).		Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
Per Method, VOA pH is checked after analysis		
Samples checked for dechlorination: KI starch test strips Lot #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
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 Sulfide? Y N
Lead Acetate Strips Lot #		
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: _____