



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: Raw Well
 Special

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 02/02/2023 01:15 PM Point S-50970

Received : 02/02/2023 02:20 PM Location Well #2-1

Collected By CLIENT

Lab No. : 70245042001

Client Sample ID.: S-50970

Sample Comments:

GWR TRIGGERED MONITORING SAMPLE

<u>Analytical Method:</u> SM22 9223B Colilert		<u>Prep Method:</u> SM22 9223B Colilert			<u>Prep Date:</u> 02/02/2023 3:00 PM		
<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>
E.coli	Absent		1		Absent	02/03/2023 9:00 AM	001 SP5T1/1
Total Coliforms	Present*		1		Absent	02/03/2023 9:00 AM	001 SP5T1/1

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: 02/06/2023

Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.

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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Special

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70245042002
Client Sample ID.: HB8

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 02/02/2023 12:49 PM Point HB8
 Received : 02/02/2023 02:20 PM Location B. McCormack
 Collected By CLIENT Bittersweet Ave.

Sample Comments:
 TCR REPEAT

<u>Analytical Method:</u> Field Method							
<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>
Field Residual Chlorine	0.61	N3	1	mg/L	4	02/02/2023 12:49	002 SP5T1/1

<u>Analytical Method:</u> SM22 9223B Colilert							
<u>Prep Method:</u> SM22 9223B Colilert				<u>Prep Date:</u> 02/02/2023 3:00 PM			
<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>
E.coli	Absent		1		Absent	02/03/2023 9:00 AM	002 SP5T1/1
Total Coliforms	Present*		1		Absent	02/03/2023 9:00 AM	002 SP5T1/1

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 See qualifiers page for additional qualifier definitions.

Kimberley Mack

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Laboratory Results

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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Special

Hampton Bays Water District
P.O. Box 1013
Hampton Bays, NY 11946

Lab No. : 70245042003
Client Sample ID.: 21 HOLZMAN DRIVE

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 02/02/2023 01:00 PM Point 21 HOLZMAN
 Received : 02/02/2023 02:20 PM Location 21 HOLZMAN DRIVE
 Collected By CLIENT

Sample Comments:
 TCR REPEAT

Analytical Method:Field Method

<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>
Field Residual Chlorine	0.51	N3	1	mg/L	4	02/02/2023 1:00 PM	003 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 02/02/2023 3:00 PM

<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>
E.coli	Absent		1		Absent	02/03/2023 9:00 AM	003 SP5T1/1
Total Coliforms	Absent		1		Absent	02/03/2023 9:00 AM	003 SP5T1/1

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.
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WorkOrder :
70245042

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



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WorkOrder :

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Additional Qualifiers

N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.

Client Name: HBW

PM: KMM

Due Date: 02/14/23

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]: 7.6 Cooler Temperature Corrected [°C]: 7.7

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 None

Samples on ice, cooling process has begun

Date/Time 5035A kits placed in freezer _____

Date and Initials of person examining contents: KU 2/2/23

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 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)	<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 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, DRO/8015 (water).			
Per Method, VOA pH is checked after analysis			Initial when completed: Lot # of added: Date/Time preservative added:
Samples checked for dechlorination:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #			
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: _____