



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

Lab No. : 70247039001
Client Sample ID.: S-50970

Attn To : Supt. McCuen
 Federal ID : 5103704
 Collected : 02/21/2023 07:30 AM Point S-50970
 Received : 02/21/2023 02:50 PM Location Well #2-1
 Collected By CLIENT

| <u>Analytical Method:</u> SM22 9223B Colilert | | <u>Prep Method:</u> SM22 9223B Colilert | | | <u>Prep Date:</u> 02/21/2023 5:55 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 | 02/22/2023 11:55 | 001 SP5T1/1 |
| Total Coliforms | Present* | | 1 | | Absent | 02/22/2023 11:55 | 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

Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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

Date Reported: 02/22/2023



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 Origin: Raw Well
 Special

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 02/21/2023 07:32 AM Point S-50970

Received : 02/21/2023 02:50 PM Location Well #2-1

Collected By CLIENT

Lab No. : 70247039002

Client Sample ID.: S-50970

| <u>Analytical Method:</u> SM22 9223B Colilert | | <u>Prep Method:</u> SM22 9223B Colilert | | | <u>Prep Date:</u> 02/21/2023 5:55 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 | 02/22/2023 11:55 | 002 SP5T1/1 |
| Total Coliforms | Present* | | 1 | | Absent | 02/22/2023 11:55 | 002 SP5T1/1 |

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

Date Reported: 02/22/2023

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Sample Information:

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 Origin: Raw Well
 Special

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 02/21/2023 07:35 AM Point S-50970

Received : 02/21/2023 02:50 PM Location Well #2-1

Collected By CLIENT

Lab No. : 70247039003

Client Sample ID.: S-50970

| <u>Analytical Method:</u> SM22 9223B Colilert | | <u>Prep Method:</u> SM22 9223B Colilert | | | <u>Prep Date:</u> 02/21/2023 5:55 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 | 02/22/2023 11:55 | 003 SP5T1/1 |
| Total Coliforms | Present* | | 1 | | Absent | 02/22/2023 11:55 | 003 SP5T1/1 |

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

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 Origin: Raw Well
 Special

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 02/21/2023 07:45 AM Point S-50970

Received : 02/21/2023 02:50 PM Location Well #2-1

Collected By CLIENT

Lab No. : 70247039004

Client Sample ID.: S-50970

| <u>Analytical Method:</u> SM22 9223B Colilert | | <u>Prep Method:</u> SM22 9223B Colilert | | | <u>Prep Date:</u> 02/21/2023 5:55 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 | 02/22/2023 11:55 | 004 SP5T1/1 |
| Total Coliforms | Present* | | 1 | | Absent | 02/22/2023 11:55 | 004 SP5T1/1 |

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 Special

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Collected : 02/21/2023 08:00 AM Point S-50970

Received : 02/21/2023 02:50 PM Location Well #2-1

Collected By CLIENT

Lab No. : 70247039005

Client Sample ID.: S-50970

| <u>Analytical Method:</u> SM22 9223B Colilert | | <u>Prep Method:</u> SM22 9223B Colilert | | | <u>Prep Date:</u> 02/21/2023 5:55 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 | 02/22/2023 11:55 | 005 SP5T1/1 |
| Total Coliforms | Present* | | 1 | | Absent | 02/22/2023 11:55 | 005 SP5T1/1 |

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WorkOrder :
70247039

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



Sample Condition Up Receipt

WO#: 70247039

Client Name:

HBW

PM: KMM

Due Date: 03/03/23

CLIENT: HBW

Courier: FedEx UPS USPS Client Commercial Pace Other

Tracking #: _____

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

Temperature Blank Present: Yes No

Packing Material: Bubble Wrap Bubble Bags Ziploc None Other

Type of Ice: Wet Blue None

Thermometer Used: TH091 #1149 Correction Factor: _____

Samples on ice, cooling process has begun

Cooler Temperature(°C): 0.2 Cooler Temperature Corrected(°C): 0.3

Date/Time 5035A kits placed in freezer _____

Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)

Date and Initials of person examining contents: MPC 2/27

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 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: SL WT OIL | | |
| 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 checked="" 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, 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 <input checked="" 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: _____

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