



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. : 70249481**

Received :03/15/23 1:55 PM  
 Sample Type :Drinking Water

Date Reported:03/16/2023

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
70249481001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	3/15/23 7:35:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/16/23 11:15:00 AM	<b>Absent</b> 3/16/23 11:15:00 AM	<b>0.63</b> 3/15/23 7:35:00 AM
70249481002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	3/15/23 7:50:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/16/23 11:15:00 AM	<b>Absent</b> 3/16/23 11:15:00 AM	<b>0.61</b> 3/15/23 7:50:00 AM
70249481003	HB28 Routine Huebner Distribution Oakwood Rd.	3/15/23 8:10:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/16/23 11:15:00 AM	<b>Absent</b> 3/16/23 11:15:00 AM	<b>0.58</b> 3/15/23 8:10:00 AM
70249481004	HB29 Routine McFarland Distribution Ridgewood La.	3/15/23 8:25:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/16/23 11:15:00 AM	<b>Absent</b> 3/16/23 11:15:00 AM	<b>0.61</b> 3/15/23 8:25:00 AM
70249481005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	3/15/23 9:05:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/16/23 11:15:00 AM	<b>Absent</b> 3/16/23 11:15:00 AM	<b>0.48</b> 3/15/23 9:05:00 AM
70249481006	HB34 Routine Kappers Distribution 23 Washington Ave.	3/15/23 9:25:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/16/23 11:15:00 AM	<b>Absent</b> 3/16/23 11:15:00 AM	<b>0.63</b> 3/15/23 9:25:00 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.

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

Kimberley Mack



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. : 70249481**

Received :03/15/23 1:55 PM  
 Sample Type :Drinking Water

Date Reported:03/16/2023

Lab	Location	Collected	Units	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
			Method	N/A	N/A	mg/L
70249481007	HB31	3/15/23 9:40:00 AM	SM22 9223B Colilert	Absent	Absent	4
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	<b>3/16/23 11:15:00 AM</b>	<b>3/16/23 11:15:00 AM</b>	<b>3/15/23 9:40:00 AM</b>
70249481008	SPB#1	3/15/23 10:00:00 AM	SM22 9223B Colilert	Absent	Absent	0.71
Routine Distribution	SPB#1 Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	<b>3/16/23 11:15:00 AM</b>	<b>3/16/23 11:15:00 AM</b>	<b>3/15/23 10:00:00 AM</b>
70249481009	HB5A	3/15/23 8:45:00 AM	SM22 9223B Colilert	Absent	Absent	0.63
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	<b>3/16/23 11:15:00 AM</b>	<b>3/16/23 11:15:00 AM</b>	<b>3/15/23 8:45:00 AM</b>
70249481010	HB21	3/15/23 10:15:00 AM	SM22 9223B Colilert	Absent	Absent	0.39
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	<b>3/16/23 11:15:00 AM</b>	<b>3/16/23 11:15:00 AM</b>	<b>3/15/23 10:15:00 AM</b>

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.

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

Kimberley Mack



575 Broad Hollow Road, Melville, NY 11747  
TEL: (516) 370-6000 FAX: (516) 886-5526  
[www.pacelabs.com](http://www.pacelabs.com)

**WorkOrder :**

70249481

## 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 Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

Date: 3-15-2023

Collected By: Paul M. Hill  
Accepted By: Paul M. Hill 3/15/23  
Cooler Temp: 2.2 °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	

**WO# : 70249481**

70249481

**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: \_\_\_\_\_

**Sample Info:**

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl <sub>2</sub>	Field Readings pH/Temp	Analysis	Lab No.
3/15/23/7:55AM	PW	# 12	D	-	RO	.63	7.88	BACT w/ CC	
3/15/23/7:50AM	PW	# 13	D	-	RO	.61	7.65	BACT w/ CC	
3/15/23/8:10AM	PW	# 28	D	-	RO	.58	7.74	BACT w/ CC	
3/15/23/8:25AM	PW	# 29	D	-	RO	.61	7.20	BACT w/ CC	
3/15/23/9:05AM	PW	# 16	D	-	RO	.48	7.65	BACT w/ CC	
3/15/23/9:25AM	PW	# 34	D	-	RO	.63	7.77	BACT w/ CC	
3/15/23/9:40AM	PW	# 31	D	-	RO	.71	7.61	BACT w/ CC	
3/15/23/10:00AM	PW	SPB #1	D	-	RO	.63	7.58	BACT w/ CC	
3/15/23/8:45AM	PW	# 5A	D	-	RO	.39	7.54	BACT w/ CC	
3/15/23/10:15AM	PW	# 21	D	-	RO	.72	7.86	BACT w/ CC	

Remarks:



Courier:  Fed Ex  UPS  USPS  Client  Commercial  Home  Other

H18W

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): 2.2 Cooler Temperature Corrected (°C): 2.3

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

Temp should be above freezing to 6.0°C

USDA Regulated Soil (  N/A, water sample)

Date and Initials of person examining contents: 3/15/23 1640

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 type="checkbox"/> Yes <input type="checkbox"/> No		12.
-Includes date/time/ID, Matrix: SL, WT, OIL			
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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #			
All containers needing preservation are found to be in compliance with method recommendation?			Sample #
(HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH > 9 Sulfide, NAOH > 12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 preservative: 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 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 type="checkbox"/> N/A		16.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		17.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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

**WO#: 70249481**  
 Due Date: 03/24/23  
 PM: KMM  
 CLIENT: HBW

ENV-FRM-MELV-0024 01