



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. : 70251800

Received :04/05/23 2:05 PM
 Sample Type :Drinking Water

Date Reported:04/07/2023

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
70251800001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	4/5/23 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 4/6/23 12:00:00 PM	Absent 4/6/23 12:00:00 PM	0.41 4/5/23 8:00:00 AM
70251800002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	4/5/23 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 4/6/23 12:00:00 PM	Absent 4/6/23 12:00:00 PM	0.51 4/5/23 8:15:00 AM
70251800003	HB3 Routine Distribution U.S.C.G. Foster Ave.	4/5/23 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 4/6/23 12:00:00 PM	Absent 4/6/23 12:00:00 PM	0.31 4/5/23 8:30:00 AM
70251800004	HB5 Routine Distribution H.B. High School Argonne Rd.	4/5/23 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 4/6/23 12:00:00 PM	Absent 4/6/23 12:00:00 PM	0.64 4/5/23 9:00:00 AM
70251800005	HB6 Routine Distribution Strong Oil Montauk Hwy. East	4/5/23 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 4/6/23 12:00:00 PM	Absent 4/6/23 12:00:00 PM	0.69 4/5/23 8:45:00 AM
70251800006	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	4/5/23 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 4/6/23 12:00:00 PM	Absent 4/6/23 12:00:00 PM	1.04 4/5/23 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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70251800007	HB7 Routine Distribution SO. Town Parks & Rec	4/5/23 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 4/6/23 12:00:00 PM	Absent 4/6/23 12:00:00 PM	0.41 4/5/23 9:30:00 AM
70251800008	HB8 Routine Distribution B. McCormack Bittersweet Ave.	4/5/23 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 4/6/23 12:00:00 PM	Absent 4/6/23 12:00:00 PM	0.62 4/5/23 9:45:00 AM
70251800009	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	4/5/23 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 4/6/23 12:00:00 PM	Absent 4/6/23 12:00:00 PM	0.96 4/5/23 10:00:00 AM
70251800010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	4/5/23 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 4/6/23 12:00:00 PM	Absent 4/6/23 12:00:00 PM	0.93 4/5/23 10:15:00 AM
70251800011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	4/5/23 10:30:00 AM Collected by: CLIENT	Analysis Time	Absent 4/6/23 12:00:00 PM	Absent 4/6/23 12:00:00 PM	1.01 4/5/23 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 :

70251800

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#: 70251800



Client info:

Name or Code: _____
 Address: HAMPTON BAYS WATER DISTRICT
P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946
 Phone #: _____
 Attn: _____
 Proj. # or (Name): _____
 Bill To: _____
 Copies To: _____

**Sample Request Form
 PUBLIC WATER SUPPLIER**

*Return to Lab
 4/5/23 1640*

Date: 4/5/23
 Collected By: C. Valentin
 Accepted By: [Signature]
 Cooler Temp: 2.4 °C

- 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 Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
4/5/23 8:00AM	PW	#1	D	-	Ro	.41	7.86	Bact w/c/L	001
4/5/23 8:15AM	PW	#2	D	-	Ro	.51	7.80	Bact w/c/L	002
4/5/23 8:30AM	PW	#3	D	-	Ro	.31	7.72	Bact w/c/L	003
4/5/23 9:00AM	PW	#4	D	-	Ro	.64	7.34	Bact w/c/L	004
4/5/23 9:45AM	PW	#5	D	-	Ro	.69	7.42	Bact w/c/L	005
4/5/23 9:15AM	PW	#6	D	-	Ro	1.04	7.35	Bact w/c/L	006
4/5/23 9:50AM	PW	#7	D	-	Ro	.41	7.28	Bact w/c/L	007
4/5/23 9:45AM	PW	#7	D	-	Ro	.62	7.33	Bact w/c/L	008
4/5/23 10:00AM	PW	#8	D	-	Ro	.96	7.54	Bact w/c/L, N/N, I/m	009
4/5/23 10:15AM	PW	#10	D	-	Ro	.93	7.61	Bact w/c/L	010
4/5/23 10:30AM	PW	#35	D	-	Ro	1.01	7.51	Bact w/c/L	011

Remarks:



Sample Condition Upon Receipt

WO#: 70251800
PM: KMM Due Date: 04/17/23
CLIENT: HBW

Client Name: HBWD

Project

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 Ploc None Other

Thermometer Used: ~~TH091~~ TH148 Correction Factor: +0.3

Cooler Temperature(°C): 2.4 Cooler Temperature Corrected(°C): 2.1

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: SJ 4/5/23

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 type="checkbox"/> Yes	<input checked="" 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		10.
Containers Intact:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		11.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	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.
pH paper Lot #				
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	Sample #
(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:
Per Method, VOA pH is checked after analysis				Lot # of added preservative:
Samples checked for dechlorination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Date/Time preservative added:
KI starch test strips Lot #				
Residual chlorine strips Lot #				Positive for Res. Chlorine? Y N
SM 4500 CN samples checked for sulfide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	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.