



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
PO Box 1013
Hampton Bays, NY 11946
Attn To : Keith Tuthill
 Federal ID : 5103704

Lab Project No. : 70283017

Received :01/03/24 1:40 PM
 Sample Type :Drinking Water

Date Reported:01/08/2024

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
70283017001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	1/3/24 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 1/4/24 11:45:00 AM	Absent 1/4/24 11:45:00 AM	0.51 1/3/24 8:00:00 AM
70283017002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	1/3/24 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 1/4/24 11:45:00 AM	Absent 1/4/24 11:45:00 AM	0.57 1/3/24 8:15:00 AM
70283017003	HB3 Routine Distribution U.S.C.G. Foster Ave.	1/3/24 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 1/4/24 11:45:00 AM	Absent 1/4/24 11:45:00 AM	0.49 1/3/24 8:30:00 AM
70283017004	HB5 Routine Distribution H.B. High School Argonne Rd.	1/3/24 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 1/4/24 11:45:00 AM	Absent 1/4/24 11:45:00 AM	0.62 1/3/24 9:00:00 AM
70283017005	HB6 Routine Distribution Strong Oil Montauk Hwy. East	1/3/24 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 1/4/24 11:45:00 AM	Absent 1/4/24 11:45:00 AM	0.51 1/3/24 8:45:00 AM
70283017006	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	1/3/24 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 1/4/24 11:45:00 AM	Absent 1/4/24 11:45:00 AM	0.61 1/3/24 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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70283017007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	1/3/24 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 1/4/24 11:45:00 AM	Absent 1/4/24 11:45:00 AM	0.55 1/3/24 9:30:00 AM
70283017008	HB7 Routine Distribution SO. Town Parks & Rec	1/3/24 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 1/4/24 11:45:00 AM	Absent 1/4/24 11:45:00 AM	0.64 1/3/24 9:45:00 AM
70283017009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	1/3/24 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 1/4/24 11:45:00 AM	Absent 1/4/24 11:45:00 AM	0.71 1/3/24 10:00:00 AM
70283017010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	1/3/24 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 1/4/24 11:45:00 AM	Absent 1/4/24 11:45:00 AM	0.59 1/3/24 10:15:00 AM
70283017011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	1/3/24 10:30:00 AM Collected by: CLIENT	Analysis Time	Absent 1/4/24 11:45:00 AM	Absent 1/4/24 11:45:00 AM	0.65 1/3/24 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 :

70283017

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#: 70283017



70283017

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Sample Request Form PUBLIC WATER SUPPLIER

Handwritten signature
1/3/24 1705

WELL OFF LINE

Date: 1-3-24

Collected By: *Handwritten signature*

Accepted By: *Handwritten signature* 1/3/24

Cooler Temp: 1.6 °C

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Client Info:

Name or Code: _____
Address: _____

Phone #: **HAMPTON BAYS WATER DISTRICT**

P.O. BOX 1013

Attn: **HAMPTON BAYS, NEW YORK 11946**

(631) 728-0179

Proj. # or (Name): _____

Bill To: _____

Copies To: _____

Sample Info:

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	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	pH/Temp	Analysis	Lab No.
1-3-24 800	PW #9		D		RO	.51	7.87	BACT w/ CL	
1-3-24 815	PW #2		D		RO	.57	7.66	BACT w/ CL	
1-3-24 830	PW #3		D		RO	.49	7.70	BACT w/ CL	
1-3-24 900	PW #4		D		RO	.62	7.51	BACT w/ CL	
1-3-24 845	PW #5		D		RO	.51	7.62	BACT w/ CL	
1-3-24 915	PW #6		D		RO	.61	7.57	BACT w/ CL	
1-3-24 930	PW #27		D		RO	.55	7.49	BACT w/ CL	
1-3-24 945	PW #7		D		RO	.64	7.62	BACT w/ CL	
1-3-24 1000	PW #8		D		RO	.71	7.59	BACT w/ CL	
1-3-24 1015	PW #10		D		RO	.59	7.63	BACT w/ CL	
1-3-24 1030	PW #35		D		RO	.65	7.56	BACT w/ CL	
Remarks:									

WO#: 70283017
PM: KMM **Due Date: 01/12/24**
CLIENT: HBW

Client Name: HBW Project # _____
 Courier: Fed Ex UPS USPS Client Commercial Pac Other _____
 Tracking #: _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No Temperature Blank Present: Yes No
 Packing Material: Bubble Wrap Bubble Bags Ziploc Non Other _____ Type of Ice: Wet Blue None
 Thermometer Used: TH24 Correction Factor: +0.4 Samples on ice, cooling process has begun
 Cooler Temperature (°C): 1.6 Cooler Temperature Corrected (°C): 2.0 Date/Time 5035A kits placed in freezer 1/3/24 1705
 Temp should be above freezing to 6.0°C

USDA Regulated Soil (N/A, water sample)
 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 (ENV-FRM-MELV-0076) and include with SCUR/COC paperwork.

Date and Initials of person examining contents: MPL 1/3

	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 MS/MSD) <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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/Analysis Matrix: <u>SL WT OIL OTHER</u>	

Date and Initials of person checking preservation: MPL 1/3

All containers needing preservation have been pH paper Lot # All containers needing preservation are found to be in compliance with method recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A NAOH>12 Cyanide) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	14. Sample #
KI starch test strips Lot # Residual chlorine strips Lot #	Initial when completed: Lot # of added preservative: Date/Time preservative added:
SM 4500 CN samples checked for sul <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	15. Positive for Res. Chlorine? Y N
Lead Acetate Strips Lot #	16. Positive for Sulfide? Y N
Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	17.
Trip Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trip Blank Custody Seals Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

DATE AND INITIALS OF PERSON COMPLETING SECOND REVIEW: MPL 1/3/24

Client Notification/ Resolution: _____ Field Data Required? Y / N
 Person Contacted: _____ Date/Time: _____
 Comments/ Resolution: _____

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