



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. : 70283783

Received :01/10/24 1:50 PM
 Sample Type :Drinking Water

Date Reported:01/17/2024

| 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 |
|-------------|---|--|---------------------------|---|--|------------------------------------|
| 70283783001 | HB12 Routine Distribution M. Layburn Squires Pond Rd. | 1/10/24 7:45:00 AM Collected by: CLIENT | Analysis Time | Absent 1/11/24 11:30:00 AM | Absent 1/11/24 11:30:00 AM | 0.33 1/10/24 7:45:00 AM |
| 70283783002 | HB13 Routine Distribution H.B. Bagel W. Montauk Hwy. | 1/10/24 8:00:00 AM Collected by: CLIENT | Analysis Time | Absent 1/11/24 11:30:00 AM | Absent 1/11/24 11:30:00 AM | 0.70 1/10/24 8:00:00 AM |
| 70283783003 | HB28 Routine Distribution Huebner Oakwood Rd. | 1/10/24 8:15:00 AM Collected by: CLIENT | Analysis Time | Absent 1/11/24 11:30:00 AM | Absent 1/11/24 11:30:00 AM | 0.77 1/10/24 8:15:00 AM |
| 70283783004 | HB29 Routine Distribution McFarland Ridgewood La. | 1/10/24 8:30:00 AM Collected by: CLIENT | Analysis Time | Absent 1/11/24 11:30:00 AM | Absent 1/11/24 11:30:00 AM | 0.61 1/10/24 8:30:00 AM |
| 70283783005 | HB16 Routine Distribution Spellman's Marine Rampasture Rd. | 1/10/24 8:45:00 AM Collected by: CLIENT | Analysis Time | Absent 1/11/24 11:30:00 AM | Absent 1/11/24 11:30:00 AM | 0.65 1/10/24 8:45:00 AM |
| 70283783006 | HB34 Routine Distribution Kappers 23 Washington Ave. | 1/10/24 9:15:00 AM Collected by: CLIENT | Analysis Time | Absent 1/11/24 11:30:00 AM | Absent 1/11/24 11:30:00 AM | 0.69 1/10/24 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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| Lab | Location | Collected | Units Method Limits | <u>E.coli</u> | <u>Total Coliforms</u> | <u>Field Residual</u> |
|-------------------------|---------------------------------|----------------------|---------------------------|--------------------------------------|--------------------------------------|-----------------------|
| | | | | N/A SM22 9223B Colilert Absent | N/A SM22 9223B Colilert Absent | mg/L 4 |
| 70283783007 | HB31 | 1/10/24 9:30:00 AM | | Absent | Absent | 0.50 |
| Routine Distribution | Maryland Blvd. | Collected by: CLIENT | Analysis Time | 1/11/24 11:30:00 AM | 1/11/24 11:30:00 AM | 1/10/24 9:30:00 AM |
| 70283783008 | SPB#1 | 1/10/24 9:45:00 AM | | Absent | Absent | 0.59 |
| Routine Distribution | SPB#1 Adj. Hydrant#465 | Collected by: CLIENT | Analysis Time | 1/11/24 11:30:00 AM | 1/11/24 11:30:00 AM | 1/10/24 9:45:00 AM |
| 70283783009 | HB5A | 1/10/24 10:00:00 AM | | Absent | Absent | 0.43 |
| Routine Distribution | Sunday's By The Bay Dune Rd. | Collected by: CLIENT | Analysis Time | 1/11/24 11:30:00 AM | 1/11/24 11:30:00 AM | 1/10/24 10:00:00 AM |
| 70283783010 | HB21 | 1/10/24 10:15:00 AM | | Absent | Absent | 0.64 |
| Routine Distribution | H.B. Fire Dept. Montauk Hwy. | Collected by: CLIENT | Analysis Time | 1/11/24 11:30:00 AM | 1/11/24 11:30:00 AM | 1/10/24 10:15:00 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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WorkOrder :

70283783

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#: 70283783



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Sample Request Form PUBLIC WATER SUPPLIER

Jul DeLima
1/10/24 1705

WELL OFF LINE

Date: 1-10-2024

WELL RUN TO SYSTEM

Collected By: *G. Valentino*
Accepted By: *Jul DeLima* 1/10/24

Cooler Temp: 3.8 °C 1350

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT
Address: HAMPTON BAYS, NEW YORK 11946
(631) 728-0179

Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____

| 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 | pH/Temp | Analysis | Lab No. |
|----------------------|-------------|-----------------------|--------|----------------|---------|--------------------------------|---------|-----------------|---------|
| 11/01/24 / 745 | PW | # 12 | D | - | RO | .53 | 7.84 | BACT w/ CL | |
| 11/01/24 / 800 | PW | # 13 | D | - | RO | .70 | 7.42 | BACT w/ CL | |
| 11/01/24 / 815 | PW | # 28 | D | - | RO | .77 | 7.48 | BACT w/ CL | |
| 11/01/24 / 830 | PW | # 29 | D | - | RO | .61 | 7.51 | BACT w/ CL | |
| 11/01/24 / 845 | PW | # 16 | D | - | RO | .65 | 7.41 | BACT w/ CL | |
| 11/01/24 / 915 | PW | # 34 | D | - | RO | .69 | 7.57 | BACT w/ CL | |
| 11/01/24 / 930 | PW | # 31 | D | - | RO | .50 | 7.90 | BACT w/ CL | |
| 11/01/24 / 945 | PW | SPB #1 | D | - | RO | .59 | 7.66 | BACT w/ CL | |
| 11/01/24 / 1000 | PW | # 5A | D | - | RO | .43 | 7.57 | BACT w/ CL | |
| 11/01/24 / 1015 | PW | # 21 | D | - | RO | .64 | 7.75 | BACT w/ CL | |
| 11/01/24 / 900 | PW | Ed Warner / Carter Rd | D | - | S | .60 | 7.89 | BACT w/ CL, F/M | |

Remarks:

WO#: 70283783
PM: KMM Due Date: 01/19/24
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 Ziplo None Other _____ Type of Ice: Wet Blue None
 Thermometer Used: TH211 Correction Factor: +0.4 Samples on ice, cooling process has begun
 Cooler Temperature (°C): 3.8 Cooler Temperature Corrected (°C): 4.2 Date/Time 5035A kits placed in freezer: 1/19/24 1705
 Temp should be above freezing to 5°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: AD 1/10/24

| | 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 | 10. |
| 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/Analysis Matrix: <u>SL</u> <u>WT</u> <u>OIL</u> <u>OTHER</u> | |

Date and Initials of person checking preservation: AD 1/10/24

| | |
|---|--|
| All containers needing preservation have been <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 # <u>213623U</u> | Sample # |
| All containers needing preservation are found to be in compliance with method recommendation? <input checked="" 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). | |
| Per Method, VOA pH is checked after analysis | Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____ |
| Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 14. |
| KI starch test strips Lot # | Positive for Res. Chlorine? Y N |
| Residual chlorine strips Lot # | 15. |
| SM 4500 CN samples checked for sul <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | Positive for Sulfide? Y N |
| Lead Acetate Strips Lot # | 16. |
| Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 17. |
| Trip Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Trip Blank Custody Seals Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |

DATE AND INITIALS OF PERSON COMPLETING SECOND REVIEW: MPL 1/10

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

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