



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. : 70286475

Received :02/07/24 4:10 PM
 Sample Type :Drinking Water

Date Reported:02/12/2024

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
70286475001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	2/7/24 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 2/8/24 11:38:00 AM	Absent 2/8/24 11:38:00 AM	0.71 2/7/24 8:00:00 AM
70286475002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	2/7/24 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 2/8/24 11:38:00 AM	Absent 2/8/24 11:38:00 AM	0.59 2/7/24 8:15:00 AM
70286475003	HB3 Routine Distribution U.S.C.G. Foster Ave.	2/7/24 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 2/8/24 11:38:00 AM	Absent 2/8/24 11:38:00 AM	0.23 2/7/24 8:30:00 AM
70286475004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	2/7/24 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 2/8/24 11:38:00 AM	Absent 2/8/24 11:38:00 AM	0.68 2/7/24 8:45:00 AM
70286475005	HB5 Routine Distribution H.B. High School Argonne Rd.	2/7/24 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 2/8/24 11:38:00 AM	Absent 2/8/24 11:38:00 AM	0.51 2/7/24 9:00:00 AM
70286475006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	2/7/24 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 2/8/24 11:38:00 AM	Absent 2/8/24 11:38:00 AM	0.58 2/7/24 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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70286475007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	2/7/24 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 2/8/24 11:38:00 AM	Absent 2/8/24 11:38:00 AM	0.58 2/7/24 9:30:00 AM
70286475008	HB7 Routine Distribution SO. Town Parks & Rec	2/7/24 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 2/8/24 11:38:00 AM	Absent 2/8/24 11:38:00 AM	0.54 2/7/24 9:45:00 AM
70286475009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	2/7/24 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 2/8/24 11:38:00 AM	Absent 2/8/24 11:38:00 AM	0.72 2/7/24 10:00:00 AM
70286475010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	2/7/24 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 2/8/24 11:38:00 AM	Absent 2/8/24 11:38:00 AM	0.83 2/7/24 10:15:00 AM
70286475011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	2/7/24 10:30:00 AM Collected by: CLIENT	Analysis Time	Absent 2/8/24 11:38:00 AM	Absent 2/8/24 11:38:00 AM	0.86 2/7/24 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 :

70286475

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#: 70286475



70286475

747

Sample Request Form PUBLIC WATER SUPPLIER

Date: 2-7-24

Collected By: G. Veklenko

Accepted By: [Signature]

Cooler Temp: 4.3 °C (W)

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Back 1610

Client Info:

NAME: HAMPTON BAYS WATER DISTRICT

Address: P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946

(631) 725-0179

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

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ / pH/Temp	Analysis	Lab No.
2/7/24/800	PW	#9	D	-	Ro	0.71 / 7.79	BACT ul cc	
2/7/24/815	PW	#2	D	-	Ro	0.59 / 7.49	BACT ul cc	
2/7/24/830	PW	#3	D	-	Ro	0.23 / 7.54	BACT ul cc	
2/7/24/845	PW	#4	D	-	Ro	0.68 / 7.58	BACT ul cc	
2/7/24/900	PW	#15	D	-	Ro	0.51 / 7.66	BACT ul cc	
2/7/24/915	PW	#6	D	-	Ro	0.58 / 7.51	BACT ul cc	
2/7/24/930	PW	#27	D	-	Ro	0.59 / 7.55	BACT ul cc	
2/7/24/945	PW	#17	D	-	Ro	0.54 / 7.47	BACT ul cc	
2/7/24/1000	PW	#8	D	-	Ro	0.72 / 7.51	BACT ul cc	
2/7/24/1015	PW	#10	D	-	Ro	0.83 / 7.89	BACT ul cc	
2/7/24/1030	PW	#35	D	-	Ro	0.86 / 7.54	BACT ul cc	

Remarks:

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	

Client: **HBW**
 WBS#: **Dist Sect 2/7**

5223

Profile #: _____ of _____
 Use Point Number Spreadsheet Multiday Project
 Add SCLOGFD to first sample for field charge

Field #	Container	Material	Matrix
1	VG9U	40mL unpres clear vial	
2	VG9C	40mL Ascorbic-HCl clear vial	
3	VG9H	40mL HCl clear vial	
4	VG9S	40mL Sulfuric clear vial	
5	DG9T	40mL Na Thiosulfate vial	
6	DG9Y	40mL Citrate-Na Thiosulfate	
7	DG9P	40mL amber vial - TSP	
8	DG9A	Ascorbic/Maleic Acid 40mL	
9	DG9B	Na Thio 80mL Vial	
10	DG9T	Ammonium CH3CO2 40mL	
11	DG9Y	1L Unpres Jar (Con Ed)	
12	AG1A	3oz clear soil jar	
13	AG1C	4oz clear soil jar	
14	AG1U	125mL unpres amber glass	
15	AG1U	250mL unpres amber glass	
16	AG1U	500mL unpres amber glass	
17	AG1U	filler unpres amber glass	
18	AG1U	Ammonium Cl 250mL bottle	
19	AG1U	250mL H2SO4 amber glass	
20	AG1U	125mL EDA amber glass	
21	AG1U	250mL Na Thio amber glass	
22	AG1U	250mL Na Thio 500mL (blue Cap)	
23	AG1U	Na Thiosulfate -1L bottle	
24	AG1U	1L HCl amber glass	
25	AG1U	(NH4Cl)	
26	AG1U	250mL NH4SO4-NH4OH	
27	AG1U	1L NaOH Zn Acetate	
28	AG1U	1L HNO3 plastic	
29	AG1U	Na Thiosulfate Amber Bottle	
30	AG1A	125mL unpreserved plastic	
31	AG1A	250mL unpreserved plastic	
32	AG1A	500mL unpreserved plastic	
33	AG1A	1L unpreserved plastic	
34	AG1A	125mL HNO3 plastic	
35	AG1A	250mL HNO3 plastic	
36	AG1A	500mL HNO3 plastic	
37	AG1A	1L HCL Clear Glass	
38	AG1A	General	
39	AG1A	Wipe	
40	AG1A	120mL Cellform Na Thio	
41	AG1A	Terrace Kit	
42	AG1A	2oz Unpreserved Jar	
43	AG1A	4oz Unpreserved Jar	
44	AG1A	6oz Unpreserved Jar	
45	AG1A	16oz Unpreserved Jar	
46	AG1A	Ziplock Bag	
47	AG1A	Todlar Bag	
48	AG1A	1L HCL Clear Glass	
49	AG1A	General	
50	AG1A	Wipe	
51	AG1A	40mL Na Thio amber vial	
52	AG1A	40mL Ascorbic acid/maleic acid vial	
53	AG1A	Citrate/Na Thiosulfate 40mL	
54	AG1A	Na Thiosulfate 60mL vial	
55	AG1A	MonoChloro/Na Thio 60mL	
56	AG1A	250mL unpres amber glass	
57	AG1A	Na Thiosulfate 250mL bottle	
58	AG1A	Na Thiosulfate 1L Amber	
59	AG1A	525.3 Chemical Blend	

IOG

BP1U	1L unpreserved plastic
BP3N*	250mL HNO3 plastic
BP3C	250mL Sodium Hydroxide
AG3U	500mL unpres amber glass

Matrix

WT	Water
SL	Solid
ML	Non-aqueous Liquid
OL	OIL
WP	Wipe
DW	Drinking Water

* Can also be a BP4N

SOC

VG9T	40mL Na Thio amber vial
DG9A	40mL Ascorbic acid/maleic acid vial
DG9Y	Citrate/Na Thiosulfate 40mL
DG9T	Na Thiosulfate 60mL vial
DG9M	MonoChloro/Na Thio 60mL
AG3U	250mL unpres amber glass
AG3T	Na Thiosulfate 250mL bottle
BP1B	Na Thiosulfate Amber bottle
AG1T	Na Thiosulfate 1L Amber
AG1A	525.3 Chemical Blend

Sender Initials _____

Additional Comments

WO#: 70286475
 PM: KMM Due Date: 02/16/24
 CLIENT: HBW

WO# : 70286475
 PM: KMM
 CLIENT: HBW
 Due Date: 02/16/24

Client Name: 148W Project # _____
 Courier: Fed Ex UPS USPS Client Commercial Parcel 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: JH211 Correction Factor: +0.4 Samples on ice, cooling process has begun
 Cooler Temperature (°C): 4.3 Cooler Temperature Corrected (°C): 4.7 Date/Time 5035A kits placed in freezer _____
 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: _____

	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	11.
Filtered volume received for Dissolved tests: <input type="checkbox"/> Yes <input checked="" 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: _____

All containers needing preservation have been pH paper Lot #	<input 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
All containers needing preservation are found to be in compliance with method recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, NaOH > 12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Sample #
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: KI starch test strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #		15. Positive for Sulfide? Y N
SM 4500 CN samples checked for sul	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Lead Acetate Strips Lot #		17.
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
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: W/L 2/7/24

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

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