



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. : 70287336

Received :02/14/24 4:30 PM
 Sample Type :Drinking Water

Date Reported:02/16/2024

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
70287336001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	2/14/24 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 2/15/24 12:00:00 PM	Absent 2/15/24 12:00:00 PM	0.32 2/14/24 7:45:00 AM
70287336002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	2/14/24 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 2/15/24 12:00:00 PM	Absent 2/15/24 12:00:00 PM	0.87 2/14/24 8:00:00 AM
70287336003	HB28 Routine Distribution Huebner Oakwood Rd.	2/14/24 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 2/15/24 12:00:00 PM	Absent 2/15/24 12:00:00 PM	1.03 2/14/24 8:15:00 AM
70287336004	HB29 Routine Distribution McFarland Ridgewood La.	2/14/24 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 2/15/24 12:00:00 PM	Absent 2/15/24 12:00:00 PM	0.55 2/14/24 8:30:00 AM
70287336005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	2/14/24 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 2/15/24 12:00:00 PM	Absent 2/15/24 12:00:00 PM	0.48 2/14/24 8:45:00 AM
70287336006	HB34 Routine Distribution Kappers 23 Washington Ave.	2/14/24 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 2/15/24 12:00:00 PM	Absent 2/15/24 12:00:00 PM	0.5 2/14/24 9:00:00 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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70287336007	HB31 Routine Distribution Maryland Blvd.	2/14/24 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 2/15/24 12:00:00 PM	Absent 2/15/24 12:00:00 PM	0.91 2/14/24 9:15:00 AM
70287336008	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	2/14/24 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 2/15/24 12:00:00 PM	Absent 2/15/24 12:00:00 PM	0.62 2/14/24 9:30:00 AM
70287336009	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	2/14/24 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 2/15/24 12:00:00 PM	Absent 2/15/24 12:00:00 PM	0.28 2/14/24 9:45:00 AM
70287336010	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	2/14/24 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 2/15/24 12:00:00 PM	Absent 2/15/24 12:00:00 PM	0.32 2/14/24 10:00:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).
 Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

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FM = Iron/Manganese Removal	
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WorkOrder :

70287336

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

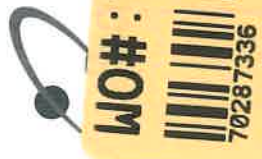
New Jersey Certification #: NY158

New York Certification #: 10478 Primary Accrediting Body

Pennsylvania Certification #: 68-00350

Rhode Island Certification #: LAO00340

Virginia Certification # 460302



WO#: 70287336



John Bradley
2/14/24
1630

Sample Request Form PUBLIC WATER SUPPLIER

Date: 2-14-24

Collected By: *John Bradley*
Accepted By: *John Bradley*
Cooler Temp: 1.4 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

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 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.
2/14/24 / 7:45	PW	#12	D	-	RO	.32	7.11	BACT w/ CC	
2/14/24 / 8:00	PW	#13	D	-	RO	.87	7.09	BACT w/ CC	
2/14/24 / 8:15	PW	#28	D	-	RO	1.03	7.18	BACT w/ CC	
2/14/24 / 8:30	PW	#29	D	-	RO	.55	7.07	BACT w/ CC	
2/14/24 / 8:45	PW	#16	D	-	RO	.48	7.16	BACT w/ CC	
2/14/24 / 9:00	PW	#34	D	-	RO	.5	7.12	BACT w/ CC	
2/14/24 / 9:15	PW	#31	D	-	RO	.91	7.22	BACT w/ CC	
2/14/24 / 9:30	PW	SPB#1	D	-	RO	.62	7.07	BACT w/ CC	
2/14/24 / 9:45	PW	#5A	D	-	RO	.28	7.19	BACT w/ CC	
2/14/24 / 10:00	PW	#121	D	-	RO	.32	7.25	BACT w/ CC	

Remarks:

5223

Profile #: Use Point Number Spreadsheet Multiday Project

COC Page _____ of _____ Add SCLOGFD to first sample for field charge

HW Dist Bact 2/14

COC	Lab	Sample	Matrix	Container	Volume	Notes
1						
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Container	Volume	Notes
BP1U	1L Unreserved plastic	
BP3W	250mL HNO3 plastic	
BP3C	250mL Sodium Hydroxide	
AG2U	500mL unpress amber glass	

* Can also be a BP4N

Matrix	WT
Water	
Solid	
Non-aqueous Liquid	
OIL	
Wipe	
Drinking Water	

IOG	Volume	Notes
BP1U	1L Unreserved plastic	
BP3W	250mL HNO3 plastic	
BP3C	250mL Sodium Hydroxide	
AG2U	500mL unpress amber glass	

SOC	Volume	Notes
VG9T	40mL Na Thio amber vial	
DG9A	40mL Ascorbic acid making Acid Wash	
DG9Y	Citrate/Na Thiosulfate 40mL	
DG6T	Na Thiosulfate 60mL vial	
DG6M	MonoChloride/Na Thio 60mL	
AG3U	250mL unpress 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# : 70287336
 PM: KMM Due Date: 02/23/24
 CLIENT: HBW

WO#: 70287336

Client Name: HBW

Project #

PM: KMM

Due Date: 02/23/24

Courier: Fed Ex UPS USPS Client Commercial Pac Other

CLIENT: HBW

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 AS

Thermometer Used: THLH Correction Factor: +0.4 Samples on ice, cooling process has begun
 Cooler Temperature (°C): 1.4 Cooler Temperature Corrected (°C): 1.8 Date/Time 5035A kits placed in freezer AS 2/14/24 1630

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: AS 2/14/24

	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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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: AS

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, <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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	Sample #
Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
KI starch test strips Lot #	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: AS 2/15/24

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution:

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