



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. : 70289579**

Received :03/06/24 4:10 PM  
 Sample Type :Drinking Water

Date Reported:03/11/2024

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
70289579001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	3/6/24 8:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/7/24 11:30:00 AM	<b>Absent</b> 3/7/24 11:30:00 AM	<b>0.77</b> 3/6/24 8:00:00 AM
70289579002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	3/6/24 8:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/7/24 11:30:00 AM	<b>Absent</b> 3/7/24 11:30:00 AM	<b>0.59</b> 3/6/24 8:15:00 AM
70289579003	HB3 Routine Distribution U.S.C.G. Foster Ave.	3/6/24 8:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/7/24 11:30:00 AM	<b>Absent</b> 3/7/24 11:30:00 AM	<b>0.41</b> 3/6/24 8:30:00 AM
70289579004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	3/6/24 8:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/7/24 11:30:00 AM	<b>Absent</b> 3/7/24 11:30:00 AM	<b>0.71</b> 3/6/24 8:45:00 AM
70289579005	HB5 Routine Distribution H.B. High School Argonne Rd.	3/6/24 9:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/7/24 11:30:00 AM	<b>Absent</b> 3/7/24 11:30:00 AM	<b>0.72</b> 3/6/24 9:00:00 AM
70289579006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	3/6/24 9:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/7/24 11:30:00 AM	<b>Absent</b> 3/7/24 11:30:00 AM	<b>0.69</b> 3/6/24 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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70289579007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	3/6/24 9:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/7/24 11:30:00 AM	<b>Absent</b> 3/7/24 11:30:00 AM	<b>0.61</b> 3/6/24 9:30:00 AM
70289579008	HB7 Routine Distribution SO. Town Parks & Rec	3/6/24 9:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/7/24 11:30:00 AM	<b>Absent</b> 3/7/24 11:30:00 AM	<b>0.69</b> 3/6/24 9:45:00 AM
70289579009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	3/6/24 10:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/7/24 11:30:00 AM	<b>Absent</b> 3/7/24 11:30:00 AM	<b>0.74</b> 3/6/24 10:00:00 AM
70289579010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	3/6/24 10:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/7/24 11:30:00 AM	<b>Absent</b> 3/7/24 11:30:00 AM	<b>0.81</b> 3/6/24 10:15:00 AM
70289579011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	3/6/24 10:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/7/24 11:30:00 AM	<b>Absent</b> 3/7/24 11:30:00 AM	<b>0.89</b> 3/6/24 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 :**

70289579

## Laboratory Certifications

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**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

*John Deery*  
3/6/24 1610

# Sample Request Form PUBLIC WATER SUPPLIER

Date: 3-6-2024

Collected By: P. Valentino

Accepted By: [Signature] 3/6/24

Cooler Temp: 30 °C

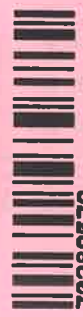
WELL OFF LINE

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	

WO#: 70289579



70289579

**Client Info:**

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: PO BOX 1013

HAMPTON BAYS, NEW YORK 11946

(631) 728-0179

Phone #: \_\_\_\_\_

Attn: \_\_\_\_\_

Proj. # or (Name): \_\_\_\_\_

Bill To: \_\_\_\_\_

Copies To: \_\_\_\_\_

**Sample Info:**

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl <sub>2</sub>	Field Readings pH/Temp	Analysis	Lab No.
3/6/24/1800	PW	#9	D	-	RO	0.77	7.91	Bact w/ CC	
3/6/24/1815	PW	#2	D	-	RO	0.59	7.51	Bact w/ CC	
3/6/24/1830	PW	#3	D	-	RO	0.41	7.47	Bact w/ CC, I, DC	
3/6/24/1845	PW	#4	D	-	RO	0.71	7.29	Bact w/ CC	
3/6/24/1900	PW	#5	D	-	RO	0.72	7.38	Bact w/ CC	
3/6/24/1915	PW	#6	D	-	RO	0.69	7.41	Bact w/ CC	
3/6/24/1930	PW	#27	D	-	RO	0.61	7.51	Bact w/ CC	
3/6/24/1945	PW	#7	D	-	RO	0.69	7.46	Bact w/ CC	
3/6/24/1000	PW	#8	D	-	RO	0.74	7.61	Bact w/ CC, I, DC	
3/6/24/1015	PW	#10	D	-	RO	0.81	7.44	Bact w/ CC	
3/6/24/1030	PW	#35	D	-	RO	0.89	7.49	Bact w/ CC	

Remarks:

5223

Client: HBW  
 Work: Dist best 3/4

Profile #: \_\_\_\_\_ of \_\_\_\_\_  
 Use Point Number Spreadsheet  Multiday Project

COC Page \_\_\_\_\_ of \_\_\_\_\_  
 Add SCLOGFD to first sample for field charge

Code	Unit	Matrix	Container	Volume	Material	Notes
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Code	Unit	Matrix	Container	Volume	Material	Notes
AG4U						
AG3U						
AG2U						
AG1U						
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AG39						
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Code	Unit	Matrix
WT		Water
SL		Solid
NAL		Non-aqueous Liquid
OL		Oil
WP		Wipe
DW		Drinking Water

Code	Unit	Matrix
BP1U		1L unpreserved plastic
BP3N*		250mL HNO3 plastic
BP3C		250mL Sodium Hydroxide
AG2U		500mL unpres. amber glass

\* Can also be a BP4N

Code	Unit	Matrix
VG9T		40mL Na Thio amber vial
DG9A		40mL Ascorbic acid matrix 2oz vial
DG9T		Citrate/Na Thiosulfate 40mL
DG6T		Na Thiosulfate 60mL vial
DG6M		Mann/Clacetic/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 \_\_\_\_\_

**WO# : 70289579**  
 PM: KHM Due Date: 03/15/24  
 CLIENT: HBW

Additional Comments

**WO#: 70289579**

Client Name: H13W

Project #

PM: KMM

Due Date: 03/15/24

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Parcel  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  Ziploc  None  Other Type of Ice:  Wet  Blue  None

Thermometer Used: MP211 Correction Factor: -0.4  Samples on ice, cooling process has been

Cooler Temperature (°C): 3.0 Cooler Temperature Corrected (°C): 2.6 Date/Time 5035A kits placed in freezer: 3/6/24

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: MP2 3/6

	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: <input checked="" type="checkbox"/> SL <input type="checkbox"/> WT <input type="checkbox"/> OIL <input type="checkbox"/> OTHER	

Date and Initials of person checking preservation: MP2 3/6

All containers needing preservation have been <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #	Sample #
All containers needing preservation are found to be in compliance with method recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , 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	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. Positive for Res. Chlorine? Y N
KI starch test strips Lot #	
Residual chlorine strips Lot #	
SM 4500 CN samples checked for sul: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15. 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	

DATE AND INITIALS OF PERSON COMPLETING SECOND REVIEW: \_\_\_\_\_

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution:

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