



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. : 70290421**

Received :03/13/24 3:25 PM  
 Sample Type :Drinking Water

Date Reported:03/15/2024

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
70290421001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	3/13/24 8:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/14/24 11:30:00 AM	<b>Absent</b> 3/14/24 11:30:00 AM	<b>0.61</b> 3/13/24 8:00:00 AM
70290421002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	3/13/24 8:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/14/24 11:30:00 AM	<b>Absent</b> 3/14/24 11:30:00 AM	<b>1.01</b> 3/13/24 8:15:00 AM
70290421003	HB28 Routine Distribution Huebner Oakwood Rd.	3/13/24 8:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/14/24 11:30:00 AM	<b>Absent</b> 3/14/24 11:30:00 AM	<b>0.72</b> 3/13/24 8:30:00 AM
70290421004	HB29 Routine Distribution McFarland Ridgewood La.	3/13/24 8:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/14/24 11:30:00 AM	<b>Absent</b> 3/14/24 11:30:00 AM	<b>0.75</b> 3/13/24 8:45:00 AM
70290421005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	3/13/24 9:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/14/24 11:30:00 AM	<b>Absent</b> 3/14/24 11:30:00 AM	<b>0.81</b> 3/13/24 9:00:00 AM
70290421006	HB34 Routine Distribution Kappers 23 Washington Ave.	3/13/24 9:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 3/14/24 11:30:00 AM	<b>Absent</b> 3/14/24 11:30:00 AM	<b>0.65</b> 3/13/24 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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 Sample Type :Drinking Water

Date Reported:03/15/2024

Lab	Location	Collected	Units	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
			Method	N/A	N/A	mg/L
			Limits	SM22 9223B Colilert	SM22 9223B Colilert	
70290421007	HB31	3/13/24 9:30:00 AM		Absent	Absent	4
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	<b>3/14/24 11:30:00 AM</b>	<b>3/14/24 11:30:00 AM</b>	<b>3/13/24 9:30:00 AM</b>
70290421008	SPB#1	3/13/24 9:45:00 AM		Absent	Absent	0.81
Routine Distribution	SPB#1 Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	<b>3/14/24 11:30:00 AM</b>	<b>3/14/24 11:30:00 AM</b>	<b>3/13/24 9:45:00 AM</b>
70290421009	HB5A	3/13/24 10:00:00 AM		Absent	Absent	0.74
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	<b>3/14/24 11:30:00 AM</b>	<b>3/14/24 11:30:00 AM</b>	<b>3/13/24 10:00:00 AM</b>
70290421010	HB21	3/13/24 10:15:00 AM		Absent	Absent	0.42
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	<b>3/14/24 11:30:00 AM</b>	<b>3/14/24 11:30:00 AM</b>	<b>3/13/24 10:15:00 AM</b>

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

Treatments	
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FM = Iron/Manganese Removal	
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**WorkOrder :**

70290421

## 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



WO#: 70290421



70290421

# Sample Request Form PUBLIC WATER SUPPLIER

Date: 3-13-2024

Collected By: G. Valentino/K.T. Hill  
Accepted By: *[Signature]* 3/13/24  
Cooler Temp: 2.6 °C

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

*[Signature]*  
3/13/24 11525  
 WELL OFF LINE

**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:**

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 <sub>2</sub>	pH/Temp	Analysis	Lab No.
3/13/24 800	PW	#12	D	-	RO	.61	7.89	Bact w/ Cl	
3/13/24 815	PW	#13	D	-	RO	1.01	7.51	Bact w/ Cl	
3/13/24 830	PW	#28	D	-	RO	.72	7.47	Bact w/ Cl	
3/13/24 845	PW	#29	D	-	RO	.75	7.61	Bact w/ Cl	
3/13/24 900	PW	#16	D	-	RO	.81	7.59	Bact w/ Cl	
3/13/24 915	PW	#34	D	-	RO	.65	7.45	Bact w/ Cl	
3/13/24 930	PW	#31	D	-	RO	.81	7.31	Bact w/ Cl	
3/13/24 945	PW	SPB #1	D	-	RO	.74	7.43	Bact w/ Cl	
3/13/24 1000	PW	#5A	D	-	RO	.42	7.67	Bact w/ Cl	
3/13/24 1015	PW	#21	D	-	RO	.91	7.37	Bact w/ Cl	
3/13/24 2000	GW	Well #2	RW	-	S			METALS	

Remarks: # 4-2 ran to waste blow-off \*

**WO#: 70290421**

PM: KMM Due Date: 03/22/24

CLIENT: HBW

Use Point Number

Add SLOGFD

Profile #: 5223

COC Page 1 of 1

Client: HBW

Work ID: DISTBACT 3/13 9

Code	Material	Matrix	Matrix
1	AG3U	125mL unreserved plastic	Water
2	AG3U	250mL unreserved plastic	Water
3	AG3U	500mL unreserved plastic	Water
4	AG3U	1L unreserved plastic	Water
5	AG3U	250mL unreserved plastic	Water
6	AG3U	500mL unreserved plastic	Water
7	AG3U	1L unreserved plastic	Water
8	AG3U	250mL unreserved plastic	Water
9	AG3U	500mL unreserved plastic	Water
10	AG3U	1L unreserved plastic	Water
11	AG3U	250mL unreserved plastic	Water
12	AG3U	500mL unreserved plastic	Water
13	AG3U	1L unreserved plastic	Water
14	AG3U	250mL unreserved plastic	Water
15	AG3U	500mL unreserved plastic	Water
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93	AG3U	500mL unreserved plastic	Water
94	AG3U	1L unreserved plastic	Water
95	AG3U	250mL unreserved plastic	Water
96	AG3U	500mL unreserved plastic	Water
97	AG3U	1L unreserved plastic	Water
98	AG3U	250mL unreserved plastic	Water
99	AG3U	500mL unreserved plastic	Water
100	AG3U	1L unreserved plastic	Water

Code	Material	Matrix
WP	1L unreserved plastic	Water
SL	250mL HNO3 plastic	Solid
NAL	Non-aqueous Liquid	
OL	Oil	
WP	Wipe	
DW	Drinking Water	

Code	Material	Matrix
BP1U	1L unreserved plastic	
BP3N*	250mL HNO3 plastic	
BP3C	250mL Sodium Hydroxide	
AG2U	500mL unreserved amber glass	

\* Can also be a BP3N

Code	Material	Matrix
VG9T	40mL Na Thio amber vial	
DG9A	40mL Ascorbic acid vials	
DG9Y	Citrate/Na Thiosulfate 40mL	
DG6T	Na Thiosulfate 60mL vial	
DG6M	MonoChloric/Na Thio 60mL	
AG3U	250mL unreserved plastic	
AG3T	Na Thiosulfate 250mL bottle	
BP1B	Na Thiosulfate Amber bottle	
AG1T	Na Thiosulfate 1L Amber	
AG1A	525.3 Chemical Blend	

Sender Initials

*[Handwritten Signature]*

Code	Material	Matrix
AG4U	125mL unreserved plastic	Misc.
BP4U	120mL Coriform Na Thio	
BP3U	Terracore Kil	
BP2U	20oz Unreserved Jar	
BP1U	4oz Unreserved Jar	
BP4N	6oz Unreserved Jar	
BP3N	16oz Unreserved Jar	
BP2N	Zillock Bag	
BP3S	250mL H2SO4 plastic	
BP2S	500mL H2SO4 plastic	
BP3C	NaOH 250mL bottle	
BP3T	250mL Trizma	
BP3S	250mL Ammonium Acetate	
BP1Z	1L NaOH Zn Acetate	
BP1N	1L HNO3 plastic	
BP1B	Na Thiosulfate Amber Bottle	

Additional Comments

**HBW**

**WO#: 70290421**  
**PM: KMM**      **Due Date: 03/22/24**  
**CLIENT: HBW**

Client Name: \_\_\_\_\_ Pro \_\_\_\_\_

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pac  C

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: JHU11    Correction Factor: -0.4     Samples on ice, cooling process has begun  
 Cooler Temperature (°C): 2.6    Cooler Temperature Corrected (°C): 2.2    Date/Time 5035A kits placed in freezer: 3/13/24 15:25  
 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: 3/13/24

	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	
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> OIL OTHER	

Date and Initials of person checking preservation:

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 #	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	
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: 3/13/24 WK

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

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