



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

Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District

PO Box 1013

Hampton Bays, NY 11946

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 03/22/2024 08:00 AM Point

Received : 03/22/2024 09:38 AM Location

Collected By CLIENT

Lab No. : 70291632001

Client Sample ID.: BLENDED ENTRY POINT 3 FIELD

Analytical Method:EPA 200.7

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Iron	0.083		1	mg/L	0.3	03/26/2024 2:31 PM	001 BP4N1/1
Manganese	0.014		1	mg/L	0.3	03/26/2024 2:31 PM	001 BP4N1/1

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

Result(s) reported meet(s) NYS Regulatory Limit(s).

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

Date Reported: 03/27/2024

Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.



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WorkOrder :

70291632

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

Client: HWB Profile #: 5223 Use Point Number Spreadsheet Multiday Project
 Work ID: FEIMW 222 of Add SLOGFD to first sample for field charge

Site #	Sample #	Matrix	Container	Volume	Notes
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Container Codes

Code	Description	Material	Volume	Notes
VG01U	40mL unpres clear vial	Glass	40mL	
VG6C	40mL Ascorbic-HCl clear vial	Glass	40mL	
VG94	40mL HCl clear vial	Glass	40mL	
VG95	40mL Sulfuric clear vial	Glass	40mL	
DG9T	40mL Na Thiou sulfate vial	Glass	40mL	
DG9V	40mL Citrate-Na Thiou sulfate	Glass	40mL	
DG9P	40mL ambr vial - TSP	Glass	40mL	
DG9A	Ascorbic/Maleic Acid 40mL	Glass	40mL	
DG6T	Na Thio 80mL Vial	Glass	80mL	
DG9S	Ammonium CH ₃ CO ₂ S 40mL	Glass	40mL	
CG11U	1L Unpres Jar (Conn Ed)	Glass	1L	
WG90	Box clear soil jar	Plastic	4oz	
WG40	4oz clear soil jar	Plastic	4oz	
BP11U	1L unpreserved plastic	Plastic	1L	
BP3N	250mL HNO ₃ plastic	Plastic	250mL	
BP3C	250mL Sodium Hydroxide	Plastic	250mL	
AG21U	500mL unpres amber glass	Glass	500mL	
SP5T	170mL Coliform Na Thio	Misc	170mL	
IR	Terrazone Kit	Misc		
WG9U	4oz Unpreserved Jar	Plastic	4oz	
WG9U	4oz Unpreserved Jar	Plastic	4oz	
WG9U	16oz Unpreserved Jar	Plastic	16oz	
TEFL	Teflon Bag	Misc		
GN	General	Misc		
WP	Wipe	Misc		
BP3R	250mL Ammonium Acetate	Glass	250mL	
BP1Z	1L NaOH, Zn Acetate	Glass	1L	
BP1M	1L HNO ₃ glass	Glass	1L	
BP1B	Na Thiou sulfate Amber Bottle	Glass	1L	
AG41U	125mL unpreserved plastic	Plastic	125mL	
AG21U	250mL unpreserved plastic	Plastic	250mL	
BP11U	500mL unpreserved plastic	Plastic	500mL	
BP4N	1L unpreserved plastic	Plastic	1L	
BP3N	250mL HNO ₃ plastic	Plastic	250mL	
BP2N	500mL HNO ₃ plastic	Plastic	500mL	
BP2S	250mL H ₂ SO ₄ plastic	Plastic	250mL	
BP3C	NaOH 250mL bottle	Glass	250mL	
BP3T	250mL Trizma	Glass	250mL	
BP3B	250mL Ammonium Acetate	Glass	250mL	
BP1Z	1L NaOH, Zn Acetate	Glass	1L	
BP1M	1L HNO ₃ glass	Glass	1L	
BP1B	Na Thiou sulfate Amber Bottle	Glass	1L	
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BP3C	NaOH 250mL bottle	Glass	250mL	
BP3T	250mL Trizma	Glass	250mL	
BP3B	250mL Ammonium Acetate	Glass	250mL	
BP1Z	1L NaOH,			

WO#: 70291632
 PM: KMM Due Date: 03/28/24
 CLIENT: HBW

Client Name: HBW Project # _____

Courier: Fed Ex UPS USPS Client Commercial Pack 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 Non Other Type of Ice: Wet Blue None
 Thermometer Used: TH211 Correction Factor: -0.4 Samples on ice, cooling process has begun
 Cooler Temperature(°C): 9.5 Cooler Temperature Corrected(°C): 9.1 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: AS 3/23/24

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

Date and Initials of person checking preservation: AS 3/23/24

All containers needing preservation have been <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A pH paper Lot # <u>2000623</u> All containers needing preservation are found to be in compliance with method recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl Sample # _____ 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 KI starch test strips Lot # _____	14. Positive for Res. Chlorine? Y N
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 Lead Acetate Strips Lot # _____	15. Positive for Sulfide? Y N
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: AS 3/23

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

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