



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. : 70292812

Received :04/03/24 1:50 PM
 Sample Type :Drinking Water

Date Reported: 04/09/2024

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
70292812001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	4/3/24 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 4/4/24 11:30:00 AM	Absent 4/4/24 11:30:00 AM	0.69 4/3/24 8:00:00 AM
70292812002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	4/3/24 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 4/4/24 11:30:00 AM	Absent 4/4/24 11:30:00 AM	0.59 4/3/24 8:15:00 AM
70292812003	HB3 Routine Distribution U.S.C.G. Foster Ave.	4/3/24 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 4/4/24 11:30:00 AM	Absent 4/4/24 11:30:00 AM	0.41 4/3/24 8:30:00 AM
70292812004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	4/3/24 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 4/4/24 11:30:00 AM	Absent 4/4/24 11:30:00 AM	0.57 4/3/24 8:45:00 AM
70292812005	HB5 Routine Distribution H.B. High School Argonne Rd.	4/3/24 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 4/4/24 11:30:00 AM	Absent 4/4/24 11:30:00 AM	0.61 4/3/24 9:00:00 AM
70292812006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	4/3/24 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 4/4/24 11:30:00 AM	Absent 4/4/24 11:30:00 AM	0.65 4/3/24 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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70292812007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	4/3/24 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 4/4/24 11:30:00 AM	Absent 4/4/24 11:30:00 AM	0.59 4/3/24 9:30:00 AM
70292812008	HB7 Routine Distribution SO. Town Parks & Rec	4/3/24 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 4/4/24 11:30:00 AM	Absent 4/4/24 11:30:00 AM	0.67 4/3/24 9:45:00 AM
70292812009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	4/3/24 10:30:00 AM Collected by: CLIENT	Analysis Time	Absent 4/4/24 11:30:00 AM	Absent 4/4/24 11:30:00 AM	0.84 4/4/24 10:30:00 AM
70292812010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	4/3/24 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 4/4/24 11:30:00 AM	Absent 4/4/24 11:30:00 AM	0.93 4/4/24 10:00:00 AM
70292812011	HB35 Routine Routine Classic Beverage W. Montauk Hwy.	4/3/24 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 4/4/24 11:30:00 AM	Absent 4/4/24 11:30:00 AM	1.03 4/4/24 10:15:00 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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WorkOrder :

70292812

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# : 70292812

 70292812

Sample Request Form PUBLIC WATER SUPPLIER

Pub. Utility
4/13/24
1613

Date: 4-3-2024
 Collected By: Cy Valentin
 Accepted By: *Pub. Utility* 4/3/24
 Cooler Temp: 2.2 °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: **HAMPTON BAYS NEW YORK 11946**
 P.O. BOX 1013
 (631) 726-0179
 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	pH/Temp	Analysis	Lab No.
4/3/24/8:00am	PW	#19	D	-	RO	.69	7.39	BACT w/ CC	
4/3/24/8:15am	PW	#12	D	-	RO	.59	7.41	BACT w/ CC	
4/3/24/8:30am	PW	#3	D	-	RO	.41	7.44	BACT w/ CC, N/IN	
4/3/24/8:45am	PW	#14	D	-	RO	.57	7.51	BACT w/ CC	
4/3/24/9:00am	PW	#15	D	-	RO	.61	7.43	BACT w/ CC	
4/3/24/9:15am	PW	#6	D	-	RO	.65	7.52	BACT w/ CC	
4/3/24/9:30am	PW	#17	D	-	RO	.59	7.38	BACT w/ CC	
4/3/24/9:45am	PW	#7	D	-	RO	.67	7.42	BACT w/ CC	
4/3/24/10:30am	PW	#8	D	-	RO	.84	7.19	BACT w/ CC, N/IN	
4/3/24/10:45am	PW	#10	D	-	RO	.93	7.22	BACT w/ CC	
4/3/24/10:15am	PW	#35	D	-	RO	1.03	7.51	BACT w/ CC	

Remarks:

Client: **HBW**
 Mark ID: **Dist Oct 4/3**

Profile #: **5223**

Use Point Number Spreadsheet Multiday Project

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

Code	Sample Type	Matrix	Container	Volume	Notes
1					
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100					

Code	Sample Type	Matrix
BP7U	1L unreserved plastic	Water
BP3N*	250mL HNO3 plastic	Solid
BP3C	250mL Sodium Hydroxide	Non-aqueous Liquid
AG2U	500mL unreserved amber glass	Oil
		Wipe
		Drinking Water

Code	Sample Type	Matrix
BP7U	1L unreserved plastic	Water
BP3N*	250mL HNO3 plastic	Solid
BP3C	250mL Sodium Hydroxide	Non-aqueous Liquid
AG2U	500mL unreserved amber glass	Oil
		Wipe
		Drinking Water

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		Wipe
		Drinking Water

Code	Sample Type	Matrix
BP7U	1L unreserved plastic	Water
BP3N*	250mL HNO3 plastic	Solid
BP3C	250mL Sodium Hydroxide	Non-aqueous Liquid
AG2U	500mL unreserved amber glass	Oil
		Wipe
		Drinking Water

* Can also be a BP3N

Code	Sample Type	Matrix
VG3T	40mL Na Thio amber vial	
DG9A	40mL Ascorbic Acid 40mL vial	
DG9Y	Citrate/Na Thiosulfate 40mL	
DG5T	Na Thiosulfate 60mL vial	
DG6M	MonoChloro/Na Thio 60mL	
AG3U	250mL unreserved amber glass	
AG3T	Na Thiosulfate 250mL bottle	
BP1B	1L Thiosulfate Amber bottle	
AG1T	Na Thiosulfate 1L Amber	
AG1A	525.3 Chemical Blend	

Code	Sample Type	Matrix
BP4U	125mL unreserved plastic	
BP2U	500mL unreserved plastic	
BP1U	1L unreserved plastic	
BP4N	125mL HNO3 plastic	
BP3N	250mL HNO3 plastic	
BP2N	500mL HNO3 plastic	
BP3S	250mL H2SO4 plastic	
BP2S	500mL H2SO4 plastic	
BP3C	NaOH 250mL bottle	
BP3T	250mL Trizma	
BP3S	250mL Ammonium Acetate	
BP3R	250mL NH4SC04-NH4OH	
BP1Z	1L NaOH, Zn Acetate	
BP1N	1L HNO3 plastic	
BP1B	Na Thiosulfate Amber Bottle	

Code	Sample Type	Matrix
BP4U	125mL unreserved plastic	
BP2U	500mL unreserved plastic	
BP1U	1L unreserved plastic	
BP4N	125mL HNO3 plastic	
BP3N	250mL HNO3 plastic	
BP2N	500mL HNO3 plastic	
BP3S	250mL H2SO4 plastic	
BP2S	500mL H2SO4 plastic	
BP3C	NaOH 250mL bottle	
BP3T	250mL Trizma	
BP3S	250mL Ammonium Acetate	
BP3R	250mL NH4SC04-NH4OH	
BP1Z	1L NaOH, Zn Acetate	
BP1N	1L HNO3 plastic	
BP1B	Na Thiosulfate Amber Bottle	

Additional Comments

Sender Initials _____

WO#: 70292812
PM: KMM Due Date: **04/12/24**
CLIENT: HBW

WO#: 70292812
 PM: KMM Due Date: 04/12/24
 CLIENT: HBW

Client Name: HBW
 Project: _____
 Courier: Fed Ex UPS USPS Client Commercial Pac 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: Well Blue None
 Thermometer Used: TH211 Correction Factor: -0.4 Samples on ice, cooling process has begun
 Cooler Temperature (°C): 1.2 Cooler Temperature Corrected (°C): 1.8 Date/Time 5035A kits placed in freezer: 4/3/24
 Temp should be above freezing to 6.0°C

4/3/24
1613

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: MPC 4/3

	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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	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> <u>OIL</u> <u>OTHER</u>	

Date and Initials of person checking preservation: MPC 4/3

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, > 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 #			Positive for Sulfide? Y N
SM 4500 CN samples checked for sulfide: Lead Acetate Strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.	
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: WIC 4/3/24

Client Notification/ Resolution: _____
 Person Contacted: _____
 Comments/ Resolution: _____

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