



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

Lab No. : 70292814001
Client Sample ID.: HB3

Attn To : Keith Tuthill
 Federal ID : 5103704
 Collected : 04/03/2024 08:30 AM Point HB3
 Received : 04/03/2024 01:50 PM Location U.S.C.G.
 Collected By CLIENT Foster Ave.

Analytical Method:EPA 353.2

<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>
Nitrate as N	0.87		5	mg/L	10	04/04/2024 12:55	001 BP4U1/1
Nitrate-Nitrite (as N)	0.87		5	mg/L		04/04/2024 12:55	001 BP4U1/1

Analytical Method:EPA 353.2

<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>
Nitrite as N	<0.050		1	mg/L	1	04/03/2024 10:47	001 BP4U1/1

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

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.

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

Date Reported: 04/08/2024



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Laboratory Results

Results for the samples and analytes requested
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Sample Information:

Type: Drinking Water
 Origin: Distribution
 Routine

Hampton Bays Water District
PO Box 1013
Hampton Bays, NY 11946

Lab No. : 70292814002
Client Sample ID.: HB8

Attn To : Keith Tuthill
 Federal ID : 5103704
 Collected : 04/03/2024 10:30 AM Point HB8
 Received : 04/03/2024 01:50 PM Location B. McCormack
 Collected By CLIENT Bittersweet Ave.

Analytical Method:EPA 353.2

<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>
Nitrate as N	1.1		5	mg/L	10	04/04/2024 1:14 AM	002 BP4U1/1
Nitrate-Nitrite (as N)	1.1		5	mg/L		04/04/2024 1:14 AM	002 BP4U1/1

Analytical Method:EPA 353.2

<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>
Nitrite as N	<0.050		1	mg/L	1	04/03/2024 11:05	002 BP4U1/1

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

Kimberley Mack

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Result(s) reported meet(s) NYS Regulatory Limit(s).
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Date Reported: 04/08/2024



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WorkOrder :
70292814

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

Sample Request Form PUBLIC WATER SUPPLIER

Pub. Bays
4/3/24 1615

Date: 4-3-2024
 WELL OFF LINE
 WELL RUN TO SYSTEM
 YES NO VOC'S PRESERVED WITH HCl

Collected By: G. Valentin
 Accepted By: Pub. Bays 4/3/24
 Cooler Temp: 2.2 °C 1350

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	

747

WO#: 70292814

70292814

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 C12 pH/Temp	Analysis	Lab No.
4/3/24 9:00am	PW	#19	D	-	RO	.69 7.39	BACT w/CC	
4/3/24 9:15am	PW	#12	D	-	RO	.59 7.41	BACT w/CC	
4/3/24 9:30am	RW	#3	D	-	RO	.41 7.44	BACT w/CC, N/N	
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	#27	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, W/N	
4/3/24 10:00am	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**

Work ID: **NOV1003**

Profile #: **5223**

of

COC Page

4/3

Use Point Number Spreadsheet

Multiday Project

Add SCLOGFD to first sample for field charge

Code	Sample	Matrix	Container	Volume	Material	Notes
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Code	Sample	Matrix
WT	Water	
SL	Solid	
NAL	Non-aqueous Liquid	
OL	OIL	
WP	Wipe	
DW	Drinking Water	

Code	Sample	Matrix
BP1U	1L unreserved plastic	
BP3N	250mL HNO3 plastic	
BP3C	250mL Sodium Hydroxide	
AG3U	500mL unreserved amber glass	

Code	Sample	Matrix
SP5T	170mL Coliform Na Thio	
R	Tetraone Kit	
WG2U	2oz Unreserved Jar	
WG1U	4oz Unreserved Jar	
WG1U	8oz Unreserved Jar	
WGDU	16oz Unreserved Jar	
ZPLC	Zinclock Bag	
TFDI	Toddler Bag	
RG1H	1L HCL Clear Glass	
GN	General	
WIP	Wipe	

Code	Sample	Matrix
BP4U	125mL unreserved plastic	
BP3U	250mL unreserved plastic	
BP2U	400mL 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 NH4SO4:NH4OH	
SP1Z	1L NaOH, Zn Acetate	
BP1H	1L HNO3 plastic	
BP1B	Na Thiosulfate Amber Bottle	

* Can also be a BP4N

Code	Sample	Matrix
VG3T	40mL Na Thio amber vial	
DG3A	4oz clear soil jar	
DG3V	Chlorine/Na Thiosulfate 40mL	
DG6T	Na Thiosulfate 60mL vial	
DG6M	MemoChlorine/Na Thio 60mL	
AG3U	250mL unreserved amber glass	
AG3T	Na Thiosulfate 250mL bottle	
BP1B	Na Thiosulfate Amber bottle	
AG1T	Na Thiosulfate 1L Amber	
AG1A	92.5:3 Chemical Blend	

Sender Initials _____

Additional Comments

WO#: 70292814
PM: KMM Due Date: **04/09/24**
CLIENT: HBW

WO#: 70292814
 PM: KMM Due Date: 04/09/24
 CLIENT: HBW

Client Name: HBW Project: _____

Courier: Fed Ex UPS USPS Client Commercial Parcel 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): 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

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

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

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 ₃ <input type="checkbox"/> H ₂ SO ₄ <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 ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A)	
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 #	15. Positive for Sulfide? Y N
Residual chlorine strips Lot #	16.
SM 4500 CN samples checked for sul <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	17.
Lead Acetate Strips Lot #	
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: WK 4/3/24
 Client Notification/ Resolution: _____ Field Data Required? Y / N
 Person Contacted: _____ Date/Time: _____
 Comments/ Resolution: _____

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