



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. : 70293722**

Received :04/10/24 11:55  
 Sample Type :Drinking Water

Date Reported:04/12/2024

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
70293722001	HB12 Routine Distribution M. Layburn Squires Pond Rd.	4/10/24 7:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/11/24 11:55:00 AM	<b>Absent</b> 4/11/24 11:55:00 AM	<b>0.38</b> 4/10/24 7:45:00 AM
70293722002	HB13 Routine Distribution H.B. Bagel W. Montauk Hwy.	4/10/24 8:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/11/24 11:55:00 AM	<b>Absent</b> 4/11/24 11:55:00 AM	<b>0.69</b> 4/10/24 8:00:00 AM
70293722003	HB28 Routine Distribution Huebner Oakwood Rd.	4/10/24 8:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/11/24 11:55:00 AM	<b>Absent</b> 4/11/24 11:55:00 AM	<b>0.56</b> 4/10/24 8:15:00 AM
70293722004	HB29 Routine Distribution McFarland Ridgewood La.	4/10/24 8:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/11/24 11:55:00 AM	<b>Absent</b> 4/11/24 11:55:00 AM	<b>0.32</b> 4/10/24 8:30:00 AM
70293722005	HB16 Routine Distribution Spellman's Marine Rampasture Rd.	4/10/24 8:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/11/24 11:55:00 AM	<b>Absent</b> 4/11/24 11:55:00 AM	<b>0.36</b> 4/10/24 8:45:00 AM
70293722006	HB34 Routine Distribution Kappers 23 Washington Ave.	4/10/24 9:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/11/24 11:55:00 AM	<b>Absent</b> 4/11/24 11:55:00 AM	<b>0.27</b> 4/10/24 9:00:00 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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70293722007	HB31 Routine Distribution Maryland Blvd.	4/10/24 9:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/11/24 11:55:00 AM	<b>Absent</b> 4/11/24 11:55:00 AM	<b>0.49</b> 4/10/24 9:15:00 AM
70293722008	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	4/10/24 9:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/11/24 11:55:00 AM	<b>Absent</b> 4/11/24 11:55:00 AM	<b>0.32</b> 4/10/24 9:30:00 AM
70293722009	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	4/10/24 9:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/11/24 11:55:00 AM	<b>Absent</b> 4/11/24 11:55:00 AM	<b>0.33</b> 4/10/24 9:45:00 AM
70293722010	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	4/10/24 10:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 4/11/24 11:55:00 AM	<b>Absent</b> 4/11/24 11:55:00 AM	<b>0.41</b> 4/10/24 10:00:00 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 :**

70293722

## 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#: 70293722



70293722

**Client Info:**

Name or Code: **HAMPTON BAYS WATER DISTRICT**

PO. BOX 1013

Address: **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.
4/10/24 7:45	PW	#12	D	-	RO	.38	7.81	BACT w/ CL	
4/10/24 8:00	PW	#13	D	-	RO	.69	7.44	BACT w/ CL	
4/10/24 8:15	PW	#28	D	-	RO	.56	7.41	BACT w/ CL	
4/10/24 8:30	PW	#29	D	-	RO	.32	7.20	BACT w/ CL	
4/10/24 8:45	PW	#16	D	-	RO	.36	7.27	BACT w/ CL	
4/10/24 9:00	PW	#34	D	-	RO	.27	7.19	BACT w/ CL	
4/10/24 9:15	PW	#31	D	-	RO	.49	7.21	BACT w/ CL	
4/10/24 9:30	PW	SPB#1	D	-	RO	.32	7.25	BACT w/ CL	
4/10/24 9:45	PW	#5A	D	-	RO	.33	7.22	BACT w/ CL	
4/10/24 10:00	PW	#21	D	-	RO	.41	7.15	BACT w/ CL	

Remarks:

**Sample Request Form  
PUBLIC WATER SUPPLIER**

Date: 4-10-2024

Collected By: J. Valentin

Accepted By: J. Valentin

Cooler Temp: 13.0 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES  NO VOC'S PRESERVED WITH HCl

**Sample Types**

PW - Potable Water  
GW - Groundwater  
SW - Surface Water  
WW - Waste Water  
AQ - Aqueous  
S - Soil

**Purpose**

RO - Routine  
RE - Resample  
S - Special

**Origin**

D - Distribution  
RW - Raw Well  
TW - Treated Well  
T - Tank  
MW - Monitoring Well  
I - Influent  
E - Effluent

**Treatment Types**

AST - Air Stripper  
GAC - Granular Activated Charcoal  
N - Nitrate Removal Plant  
FE - Iron Removal Plant  
O - Other

*See page 1710  
4/10/24*



**WO#: 70293722**

Client Name: HBW

Project #

PM: KMM

Due Date: 04/19/24

CLIENT: HBW

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: Wet Blue None

Thermometer Used: TH211 Correction Factor: -0.4  Samples on ice, cooling process has begun

Cooler Temperature (°C): 3.0 Cooler Temperature Corrected (°C): 2.6 Date/Time 5035A kits placed in freezer: 4/10/24 1710

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: W/K 4/10/24

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

Date and Initials of person checking preservation:

All containers needing preservation have been pH paper Lot # 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 <u>N/A</u> 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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	14. Sample #
KI starch test strips Lot #	Initial when completed: Lot # of added preservative: Date/Time preservative added:
Residual chlorine strips Lot #	15. Positive for Res. Chlorine? Y N
SM 4500 CN samples checked for sul <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	16. Positive for Sulfide? Y N
Lead Acetate Strips Lot #	17.
Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	
Trip Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	
Trip Blank Custody Seals Present <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	

DATE AND INITIALS OF PERSON COMPLETING SECOND REVIEW: 4/10/24

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution:

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