



575 Broad Hollow Road, Melville, NY 11747  
 TEL: (516) 370-6000 FAX: (516) 886-5526  
[www.pacelabs.com](http://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 : 04/17/2024 09:40 AM Point

Received : 04/17/2024 11:20 AM Location

Collected By CLIENT

**Lab No. : 70294559001**

**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	0.15		1	mg/L	0.3	04/22/2024 12:58	001 BP4N1/1
Manganese	0.047		1	mg/L	0.3	04/22/2024 12:58	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: 04/23/2024

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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# 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: Effluent  
 Routine

**Hampton Bays Water District**

**PO Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Keith Tuthill**

Federal ID : 5103704

Collected : 04/17/2024 09:00 AM Point

Received : 04/17/2024 11:20 AM Location

Collected By CLIENT

**Lab No. : 70294559002**

**Client Sample ID.: EFFLUENT ICON PLANT**

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	<0.020		1	mg/L	0.3	04/22/2024 1:16 PM	002 BP4N1/1
Manganese	<0.010		1	mg/L	0.3	04/22/2024 1:16 PM	002 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: 04/23/2024

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**WorkOrder :**  
70294559

## 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



5223

Client: HBW  
 Method: FE/PIN 4/16

Use Point Number Spreadsheet  Multiday Project

Add SCLOGFD to first sample for field charge

Profile #: \_\_\_\_\_ of \_\_\_\_\_

COC Page \_\_\_\_\_ of \_\_\_\_\_

COC Line Item	Matrix	Container	Volume	Material	Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Number Codes

Container	Material	Notes
VG9U	40mL unpres clear vial	
VG9C	40mL Ascorbic-HCl clear vial	
VG9H	40mL HCl clear vial	
VG9S	40mL Sulfuric clear vial	
VG9T	40mL Na Thiosulfate vial	
DG9Y	40mL Citrate-Na Thiosulfate	
DG9P	40mL amber vial - TSP	
DG9A	Ascorbic/Maleic Acid 40mL	
DG6T	Na Thio 50mL Vial	
DG8S	Ammonium Cl/CuSO4 40mL	
CG1U	1L Uncres Jar (Cen Ed)	
AG1A	(NH4Cl)	
AG5U	100mL unpres Amber Glass	
VG4O	4oz clear 50mL jar	
AG4U	Ammonium Cl 120mL bottle	
BP1N	1L HNO3 plastic	
BP1B	Na Thiosulfate Amber Bottle	
BP4U	125mL unpres amber glass	
BP3U	250mL unpreserved plastic	
BP2U	500mL unpreserved plastic	
BP1U	1L unpreserved plastic	
BP4N	125mL HNO3 plastic	
BP3N	250mL HNO3 plastic	
BP2N	500mL HNO3 plastic	
BP3S	250mL Na Thio amber glass	
BP2S	500mL H2SO4 plastic	
BP3T	Na Thiosulfate 1L bottle	
BP3T	250mL Trisma	
BP35	250mL Ammonium Acetate	
BP3R	250mL NH4SO4-NH4OH	
BP4Z	1L NaOH, Zn Acetate	
BP1Z	1L HNO3 glass	
BP1Z	Na Thiosulfate Amber Bottle	
SP5T	120mL Coiform Na Thio	
R	Terracote Kit	
WG2U	2oz Unpreserved Jar	
WG5U	4oz Unpreserved Jar	
WG6U	8oz Unpreserved Jar	
WGDU	16oz Unpreserved Jar	
ZPLC	Ziplock Bag	
TEDL	Tedlar Bag	
BG1H	1L HCl Clear Glass	
GN	General	
WP	Wipe	
LLHG	Low Level Hq Bottles	
BGIN	1L HNO3 Clear Glass	
BP1U	1L unpreserved plastic	
BP3N*	250mL HNO3 plastic	
BP3C	250mL Sodium Hydroxide	
AG2U	500mL unpres amber glass	
BP2U	250mL unpreserved plastic	

\* Can also be a BP4N

Matrix	Material
WT	Water
SL	Solid
NAL	Non-aqueous Liquid
OL	OIL
WP	Wipe
DW	Drinking Water

IOC	Material
BP1U	1L unpreserved plastic
BP3N*	250mL HNO3 plastic
BP3C	250mL Sodium Hydroxide
AG2U	500mL unpres amber glass
BP2U	250mL unpreserved plastic

SOC	Material
VG9T	40mL Na Thio amber vial
DG9A	40mL Ascorbic acid/maleic Acid vials
DG9Y	Citrate/Na Thiosulfate 40mL
DG6T	Na Thiosulfate 60mL vial
DG8M	MonoChloric/Na Thio 60mL
AG3U	250mL unpres amber glass
AG3T	Na Thiosulfate 250mL bottle
BP1B	Na Thiosulfate Amber bottle
AG1T	Na Thiosulfate 1L Amber
AG1A	1575-3 Chemical Blend

Additional Comments

Sender Initials \_\_\_\_\_

**WO#: 70294559**  
 PM: KMM Due Date: 04/23/24  
 CLIENT: HBW

**WO#: 70294559**  
**PM: KMM**      **Due Date: 04/23/24**  
**CLIENT: HBW**

Client Name: HBW Project # \_\_\_\_\_

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  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  Ziploc  None  Other    Type of Ice: Wet Blue None

Thermometer Used: TP211    Correction Factor: -0.4     Samples on ice, cooling process has begun  
 Cooler Temperature(°C): 2.0    Cooler Temperature Corrected(°C): 2.2    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 4/17/24

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

Date and Initials of person checking preservation: AS 4/17/24

All containers needing preservation have been pH paper Lot # <u>10B0H531</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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
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 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	Sample #
Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Initial when completed:    Lot # of added preservative:    Date/Time preservative added:
KI starch test strips Lot #	14. Positive for Res. Chlorine?    Y    N
Residual chlorine strips Lot #	15. Positive for Sulfide?    Y    N
SM 4500 CN samples checked for sulf <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lead Acetate Strips Lot #	
Headspace in ALK Bottle (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	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	

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

\* PM (Project Manager) review (which includes the SCUR) is documented electronically in LIMS.