



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. : 70297075

Received :05/08/24 2:15 PM
 Sample Type :Drinking Water

Date Reported:05/13/2024

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
70297075001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	5/8/24 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 5/9/24 12:00:00 PM	Absent 5/9/24 12:00:00 PM	0.60 5/8/24 8:00:00 AM
70297075002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	5/8/24 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 5/9/24 12:00:00 PM	Absent 5/9/24 12:00:00 PM	0.87 5/8/24 8:15:00 AM
70297075003	HB28 Routine Huebner Distribution Oakwood Rd.	5/8/24 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 5/9/24 12:00:00 PM	Absent 5/9/24 12:00:00 PM	0.65 5/8/24 8:30:00 AM
70297075004	HB29 Routine McFarland Distribution Ridgewood La.	5/8/24 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 5/9/24 12:00:00 PM	Absent 5/9/24 12:00:00 PM	0.62 5/8/24 8:45:00 AM
70297075005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	5/8/24 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 5/9/24 12:00:00 PM	Absent 5/9/24 12:00:00 PM	0.68 5/8/24 9:00:00 AM
70297075006	HB34 Routine Kappers Distribution 23 Washington Ave.	5/8/24 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 5/9/24 12:00:00 PM	Absent 5/9/24 12:00:00 PM	0.69 5/8/24 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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70297075007	HB31 Routine Distribution Maryland Blvd.	5/8/24 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 5/9/24 12:00:00 PM	Absent 5/9/24 12:00:00 PM	0.60 5/8/24 9:30:00 AM
70297075008	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	5/8/24 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 5/9/24 12:00:00 PM	Absent 5/9/24 12:00:00 PM	0.76 5/8/24 9:45:00 AM
70297075009	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	5/8/24 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 5/9/24 12:00:00 PM	Absent 5/9/24 12:00:00 PM	0.31 5/8/24 10:00:00 AM
70297075010	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	5/8/24 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 5/9/24 12:00:00 PM	Absent 5/9/24 12:00:00 PM	0.65 5/8/24 10:15:00 AM

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

70297075

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#: 70297075



70297075

Sample Request Form PUBLIC WATER SUPPLIER

Date: 5-8-24

Collected By: *Art Vaden King*

Accepted By: *Art Vaden King*

Cooler Temp: 5.2 °C

Art Vaden King
5/8/24 71640

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: P.O. BOX 1013

HAMPTON BAYS, NEW YORK 11946

(631) 728-0179

Phone #: _____

Attn: _____

Proj. # or (Name): _____

Bill To: _____

Copies To: _____

Sample Info:

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	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings		Analysis	Lab No.
						Cl ₂	pH/Temp		
5/8/24/8:00	PW	#12	D	-	RO	.60	7.47	BACT w/ CL	
5/8/24/8:15	PW	#13	D	-	RO	.87	7.39	BACT w/ CL	
5/8/24/8:30	PW	#28	D	-	RO	.65	7.56	BACT w/ CL	
5/8/24/8:45	PW	#29	D	-	RO	.62	7.49	BACT w/ CL	
5/8/24/9:00	PW	#16	D	-	RO	.68	7.61	BACT w/ CL	
5/8/24/9:15	PW	#34	D	-	RO	.69	7.68	BACT w/ CL	
5/8/24/9:30	PW	#31	D	-	RO	.66	7.63	BACT w/ CL	
5/8/24/9:45	PW	SPB #1	D	-	RO	.76	7.70	BACT w/ CL	
5/8/24/10:00	PW	#5A	D	-	RO	.31	7.35	BACT w/ CL	
5/8/24/10:15	PW	#21	D	-	RO	.65	7.55	BACT w/ CL	
Remarks:									

WO#: 70297075

PM: KMM

Due Date: 05/20/24

Client Name:

HBW

Project #

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 Ziploc Non Other

Type of Ice: Wet Blue None

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

Cooler Temperature(°C): 3.6 Cooler Temperature Corrected(°C): 3.2 Date/Time 5035A kits placed in freezer: 5/8/24

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:

	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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note: if sediment is visible in the dissolved container.
Sample Labels match COC: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix: <u>SL</u> <u>WT</u> <u>OIL</u> 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 ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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
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 # Residual chlorine strips Lot #	15. Positive for Sulfide? Y N
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 #	
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.