



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. : 70300467

Received :06/05/24 12:25
 Sample Type :Drinking Water

Date Reported:06/14/2024

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
70300467001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	6/5/24 7:45:00 AM Collected by: CLIENT	Analysis Time	Absent 6/6/24 11:30:00 AM	Absent 6/6/24 11:30:00 AM	0.77 6/5/24 7:45:00 AM
70300467002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	6/5/24 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 6/6/24 11:30:00 AM	Absent 6/6/24 11:30:00 AM	0.26 6/5/24 8:00:00 AM
70300467003	HB3 Routine Distribution U.S.C.G. Foster Ave.	6/5/24 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 6/6/24 11:30:00 AM	Absent 6/6/24 11:30:00 AM	0.75 6/5/24 8:15:00 AM
70300467004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	6/5/24 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 6/6/24 11:30:00 AM	Absent 6/6/24 11:30:00 AM	0.37 6/5/24 8:30:00 AM
70300467005	HB5 Routine Distribution H.B. High School Argonne Rd.	6/5/24 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 6/6/24 11:30:00 AM	Absent 6/6/24 11:30:00 AM	0.48 6/5/24 8:45:00 AM
70300467006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	6/5/24 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 6/6/24 11:30:00 AM	Absent 6/6/24 11:30:00 AM	0.72 6/5/24 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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70300467007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	6/5/24 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 6/6/24 11:30:00 AM	Absent 6/6/24 11:30:00 AM	0.88 6/5/24 9:15:00 AM
70300467008	HB7 Routine Distribution SO. Town Parks & Rec	6/5/24 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 6/6/24 11:30:00 AM	Absent 6/6/24 11:30:00 AM	0.82 6/5/24 9:30:00 AM
70300467009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	6/5/24 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 6/6/24 11:30:00 AM	Absent 6/6/24 11:30:00 AM	0.95 6/5/24 9:45:00 AM
70300467010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	6/5/24 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 6/6/24 11:30:00 AM	Absent 6/6/24 11:30:00 AM	0.81 6/5/24 10:00:00 AM
70300467011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	6/5/24 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 6/6/24 11:30:00 AM	Absent 6/6/24 11:30:00 AM	0.82 6/5/24 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	
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WorkOrder :

70300467

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#: 70300467



70300467

Sample Request Form PUBLIC WATER SUPPLIER

Andy Kelly 6/15/24 0710

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Date: 6-5-24

Collected By: *A. Kelly*
Accepted By: *A. Kelly*
Cooler Temp: 3.7 °C

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 Cl ₂	Field Readings pH/Temp	Analysis	Lab No.
6/5/24 7:45	PW	#19	D	-	RO	.77	7.25	Bact w/CC	
6/5/24 8:00	PW	#2	D	-	RO	.26	7.29	Bact w/CC	
6/5/24 8:15	PW	#3	D	-	RO	.75	7.27	Bact w/CC	
6/5/24 8:30	PW	#4	D	-	RO	.37	7.05	Bact w/CC	
6/5/24 8:45	PW	#5	D	-	RO	.48	7.21	Bact w/CC	
6/5/24 9:00	PW	#6	D	-	RO	.72	7.20	Bact w/CC	
6/5/24 9:15	PW	#27	D	-	RO	.88	7.14	Bact w/CC	
6/5/24 9:30	PW	#7	D	-	RO	.82	7.16	Bact w/CC	
6/5/24 9:45	PW	#8	D	-	RO	.95	7.07	Bact w/CC	
6/5/24 10:00	PW	#10	D	-	RO	.81	7.43	Bact w/CC	
6/5/24 10:15	PW	#35	D	-	RO	.82	7.33	Bact w/CC	
Remarks:									

Client: **HBC**

Work ID: **Dist Bech 6/5**

Profile #: _____

COC Page _____ of _____

Use Point Number Spreadsheet

Multiday Project

Add SLOGFD to first sample for field charge

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

WO#: 70300467
PM: KMM
CLIENT: HBW
Due Date: 06/14/24

Container Codes

Code	Material	Volume	Notes
VG9U	40mL unpres clear vial	125mL unpres amber glass	
VG9C	40mL Ascorbic-HCl clear vial	250mL unpres amber glass	
VG9H	40mL HCl clear vial	500mL unpres amber glass	
VG9S	40mL Sulfuric clear vial	500mL unpres amber glass	
VG9T	40mL Na Thiosulfate vial	1 liter unpres amber glass	
DG9Y	40mL Citrate-Na Thiosulfate	Ammonium Cl 250mL bottle	
DG9P	40mL amber vial - TSP	250mL H2SO4 amber glass	
DG9A	Ascorbic/Maleic Acid 40mL	250mL EDA amber glass	
DG6T	Na Thio 60mL Vial	250mL Na Thio amber glass	
DG9S	Ammonium Cl/CuSO4 40mL	AG3T Na Sulfite 500mL (blue Cap)	
CG1U	1L Unpres Jar (Con Ed)	Na Thiosulfate 1L bottle	
WG9D	8oz clear soil jar	1L HCl amber glass	
WG4O	4oz clear soil jar	1L Ammonium Chloride	
		100mL unpres Amber Glass	
		Ammonium Cl 120mL bottle	
		BP1N 1L HNO3 plastic	
		BP1B Na Thiosulfate Amber Bottle	

Code	Material	Volume	Notes
SP5T	120mL Coliform Na Thio		
R	Terracore Kit		
WG2U	2oz Unpreserved Jar		
WG3U	4oz Unpreserved Jar		
WG4U	8oz Unpreserved Jar		
WG5U	16oz Unpreserved Jar		
ZPLC	Ziplock Bag		
TEDL	Tedar Bag		
BG1H	1L HCL Clear Glass		
GN	General		
WP	Wipe		
LLHG	Low Level Hg Bottles		
BG1N	1L HNO3 Clear Glass		

Code	Material	Volume	Notes
BP1U	1L unpreserved plastic		
BP3N	250mL HNO3 plastic		
BP3C	250mL Sodium Hydroxide		
AG3U	4oz unpres amber glass		
BP3U	250mL unpreserved plastic		

* Can also be a BP4N

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

Code	Material	Volume	Notes
VG9T	40mL Na Thio amber vial		
DG9A	40mL Ascorbic acid/maleic Acid vials		
DG9Y	Citrate/Na Thiosulfate 40mL		
DG6T	Na Thiosulfate 60mL vial		
DG6M	MonoChloride/Na Thio 60mL		
AG3U	250mL unpres amber glass		
AG3T	Na Thiosulfate 250mL bottle		
BP1B	Na Thiosulfate Amber bottle		
AG1T	Na Thiosulfate 1L Amber		
AG1A	525.3 Chemical Blend		

Sender Initials _____

Additional Comments

Effective Date:

Client Name:

HBW

Project #

WO#: 70300467

PM: KMM

Due Date: 06/14/24

Courier: Fed Ex UPS USPS Client Commercial Parcel Other

CLIENT: HBW

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: TH211 Correction Factor: -1 Samples on ice, cooling process has begun

Cooler Temperature(°C): 3.7 Cooler Temperature Corrected(°C): 3.6 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: AD 6/6/24

	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 checked="" type="checkbox"/> Yes <input 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 checked="" 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 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: AD 6/6/24

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, Conform, TOC/DOC, Oil and Grease, DRO/8015 (water).	Initial when completed: Lot # of added preservative: Date/Time preservative added:
Per Method, VOA pH is checked after analysis	
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 #	
SM 4500 CN samples checked for sul <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15. Positive for Sulfide? Y N
Lead Acetate Strips Lot #	
Headspace in ALK Bottle (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
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	

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.