



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: Effluent  
 Routine

**Hampton Bays Water District**

**PO Box 1013**

**Hampton Bays, NY 11946**

**Attn To : Keith Tuthill**

Federal ID : 5103704

Collected : 06/05/2024 07:45 AM Point BLENDED

Received : 06/05/2024 12:25 PM Location BLENDED EFFLUENT GAC

Collected By CLIENT

**Lab No. : 70300468001**

**Client Sample ID.: BLENDED EFFLUENT GAC**

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrate as N	1.0		5	mg/L	10	06/07/2024 2:59 AM	001 BP4U1/1
Nitrate-Nitrite (as N)	1.0		5	mg/L		06/07/2024 2:59 AM	001 BP4U1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrite as N	<0.050		1	mg/L	1	06/07/2024 12:40	001 BP4U1/1

Analytical Method:Field Method

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Field Residual Chlorine	<0.1	N3	1	mg/L	4	06/05/2024 7:45 AM	001 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 06/05/2024 5:30 PM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	06/06/2024 11:30	001 SP5T1/1
Total Coliforms	Absent		1		Absent	06/06/2024 11:30	001 SP5T1/1

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  
 See qualifiers page for additional qualifier definitions.

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.



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**WorkOrder :**

70300468

## 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



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**Additional Qualifiers**

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N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.





DC#\_Title: Excel Form Template  
Effective Date:

WO#: 70300468

Client Name:

HBW

Project

PM: KMM

Due Date: 06/14/24

CLIENT: HBW

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  Ziploc  None  Other Type of Ice: Wet Blue None

Thermometer Used: TH211 Correction Factor: -0.1  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 6/16/24

	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 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 <u>N/A</u>	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> <u>OTHER</u>	

Date and Initials of person checking preservation: AD 6/16/24

All containers needing preservation have been pH paper Lot # <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	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 type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u> ) NAOH>12 Cyanide)	Sample #
Exceptions: VOA, Conform, 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 <u>N/A</u>	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 <u>N/A</u>	15. Positive for Sulfide? Y N
Lead Acetate Strips Lot #	
Headspace in ALK Bottle (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	
Headspace in VOA Vials (>6mm): <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	16.
Trip Blank Present: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	17.
Trip Blank Custody Seals Present <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u>	

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.