



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. : 70301426

Received :06/12/24 2:10 PM
 Sample Type :Drinking Water

Date Reported:06/18/2024

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
70301426001	HB12 Routine M. Layburn Distribution Squires Pond Rd.	6/12/24 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 6/13/24 12:00:00 PM	Absent 6/13/24 12:00:00 PM	0.85 6/12/24 8:00:00 AM
70301426002	HB13 Routine H.B. Bagel Distribution W. Montauk Hwy.	6/12/24 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 6/13/24 12:00:00 PM	Absent 6/13/24 12:00:00 PM	0.66 6/12/24 8:15:00 AM
70301426003	HB28 Routine Huebner Distribution Oakwood Rd.	6/12/24 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 6/13/24 12:00:00 PM	Absent 6/13/24 12:00:00 PM	0.79 6/12/24 8:30:00 AM
70301426004	HB29 Routine McFarland Distribution Ridgewood La.	6/12/24 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 6/13/24 12:00:00 PM	Absent 6/13/24 12:00:00 PM	0.62 6/12/24 8:45:00 AM
70301426005	HB16 Routine Spellman's Marine Distribution Rampasture Rd.	6/12/24 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 6/13/24 12:00:00 PM	Absent 6/13/24 12:00:00 PM	0.69 6/12/24 9:00:00 AM
70301426006	HB34 Routine Kappers Distribution 23 Washington Ave.	6/12/24 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 6/13/24 12:00:00 PM	Absent 6/13/24 12:00:00 PM	0.59 6/12/24 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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			Method	N/A	N/A	mg/L
			Limits	SM22 9223B Colilert	SM22 9223B Colilert	
70301426007	HB31	6/12/24 9:30:00 AM		Absent	Absent	4
Routine Distribution	Maryland Blvd.	Collected by: CLIENT	Analysis Time	6/13/24 12:00:00 PM	6/13/24 12:00:00 PM	6/12/24 9:30:00 AM
70301426008	SPB#1	6/12/24 9:45:00 AM		Absent	Absent	0.44
Routine Distribution	SPB#1 Adj. Hydrant#465	Collected by: CLIENT	Analysis Time	6/13/24 12:00:00 PM	6/13/24 12:00:00 PM	6/12/24 9:45:00 AM
70301426009	HB5A	6/12/24 10:00:00 AM		Absent	Absent	0.52
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: CLIENT	Analysis Time	6/13/24 12:00:00 PM	6/13/24 12:00:00 PM	6/12/24 10:00:00 AM
70301426010	HB21	6/12/24 10:15:00 AM		Absent	Absent	0.34
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: CLIENT	Analysis Time	6/13/24 12:00:00 PM	6/13/24 12:00:00 PM	6/12/24 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 :

70301426

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#: 70301426



70301426

Sample Request Form PUBLIC WATER SUPPLIER

Date: 6-12-24

Collected By: F. Valentino

Accepted By: F. Valentino

Cooler Temp: 2.9 °C

6/12/24
1410

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: PO BOX 1013

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
6/12/24 800	PW	#12
6/12/24 815	PW	#13
6/12/24 830	PW	#128
6/12/24 845	PW	#129
6/12/24 900	RW	#16
6/12/24 915	PW	#34
6/12/24 930	PW	#31
6/12/24 945	PW	SPB#1
6/12/24 1000	PW	#5A
6/12/24 1015	PW	#21
6/12/24 1030	PW	5 Hampton Bays Drive

Remarks:

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

Treatment Type	Purpose	Field Readings Cl ₂	pH/Temp	Analysis	Lab No.
-	RO	.85	7.87	Beet w/ CL	
-	RO	.66	7.46	Beet w/ CL	
-	RO	.74	7.57	Beet w/ CL	
-	RO	.62	7.47	Beet w/ CL	
-	RO	.69	7.51	Beet w/ CL	
-	RO	.59	7.39	Beet w/ CL	
-	RO	.44	7.35	Beet w/ CL	
-	RO	.52	7.35	Beet w/ CL	
-	RO	.34	7.24	Beet w/ CL	
-	RO	.62	7.39	Beet w/ CL	
-	S	.49	7.57	Beet w/CL, Metals, MW	

Effective Date:

WO#: 70301426

PM: KMM

Due Date: 06/24/24

Client Name:

HBW

Project #

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): 29 Cooler Temperature Corrected (°C): 28 Date/Time 5035A kits placed in freezer

Temp should be above freezing to 6°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: HDO 6/13/24

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

Date and Initials of person checking preservation: HDO 6/13/24

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. Initial when completed: Lot # of added preservative: Date/Time preservative added:
KI starch test strips Lot # Residual chlorine strips Lot #	Positive for Res. Chlorine? Y N
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	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.