



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. : 70303971**

Received :07/03/24 3:55 PM  
 Sample Type :Drinking Water

Date Reported:07/08/2024

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
70303971001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	7/3/24 7:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/4/24 11:00:00 AM	<b>Absent</b> 7/4/24 11:00:00 AM	<b>0.41</b> 7/3/24 7:15:00 AM
70303971002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	7/3/24 7:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/4/24 11:00:00 AM	<b>Absent</b> 7/4/24 11:00:00 AM	<b>0.27</b> 7/3/24 7:30:00 AM
70303971003	HB3 Routine Distribution U.S.C.G. Foster Ave.	7/3/24 7:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/4/24 11:00:00 AM	<b>Absent</b> 7/4/24 11:00:00 AM	<b>0.24</b> 7/3/24 7:45:00 AM
70303971004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	7/3/24 8:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/4/24 11:00:00 AM	<b>Absent</b> 7/4/24 11:00:00 AM	<b>0.22</b> 7/3/24 8:00:00 AM
70303971005	HB5 Routine Distribution H.B. High School Argonne Rd.	7/3/24 8:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/4/24 11:00:00 AM	<b>Absent</b> 7/4/24 11:00:00 AM	<b>0.23</b> 7/3/24 8:15:00 AM
70303971006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	7/3/24 8:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/4/24 11:00:00 AM	<b>Absent</b> 7/4/24 11:00:00 AM	<b>0.91</b> 7/3/24 8:30:00 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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70303971007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	7/3/24 8:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/4/24 11:00:00 AM	<b>Absent</b> 7/4/24 11:00:00 AM	<b>0.64</b> 7/3/24 8:45:00 AM
70303971008	HB7 Routine Distribution SO. Town Parks & Rec	7/3/24 9:00:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/4/24 11:00:00 AM	<b>Absent</b> 7/4/24 11:00:00 AM	<b>0.67</b> 7/3/24 9:00:00 AM
70303971009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	7/3/24 9:15:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/4/24 11:00:00 AM	<b>Absent</b> 7/4/24 11:00:00 AM	<b>0.78</b> 7/3/24 9:15:00 AM
70303971010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	7/3/24 9:30:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/4/24 11:00:00 AM	<b>Absent</b> 7/4/24 11:00:00 AM	<b>0.79</b> 7/3/24 9:30:00 AM
70303971011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	7/3/24 9:45:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/4/24 11:00:00 AM	<b>Absent</b> 7/4/24 11:00:00 AM	<b>0.61</b> 7/3/24 9:45:00 AM
70303971012	42 BITTERSWEET AVE Routine Distribution 42 BITTERSWEET AVE	7/3/24 9:35:00 AM Collected by: CLIENT	Analysis Time	<b>Absent</b> 7/4/24 11:00:00 AM	<b>Absent</b> 7/4/24 11:00:00 AM	<b>0.54</b> 7/3/24 9:35:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).  
 Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

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FM = Iron/Manganese Removal	
N = Nitrate Removal	O = Other

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**WorkOrder :**

70303971

## 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

WO#: 70303971



1747

# Sample Request Form PUBLIC WATER SUPPLIER

*RM: T...  
7-3-24 1555*

WELL OFF LINE

WELL RUN TO SYSTEM

Date: 7-3-2024

Collected By: G. Valentino / S. Gregory

Accepted By: T. ... 7-3-24

Cooler Temp: 5.9 °C 125

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 <sub>2</sub>	pH/Temp		
7/3/24/7:15	PW	#9	D	-	RO	.41	7.32	Bact w/ CC	
7/3/24/7:50	PW	#2	D	-	RO	.27	7.15	Bact w/ CC	
7/3/24/7:45	PW	#3	D	-	RO	.24	7.21	Bact w/ CC, DBP, Chlorides	
7/3/24/8:00	PW	#4	D	-	RO	.22	7.11	Bact w/ CC	
7/3/24/8:15	PW	#5	D	-	RO	.23	7.26	Bact w/ CC	
7/3/24/8:50	PW	#6	D	-	RO	.91	7.01	Bact w/ CC	
7/3/24/8:45	PW	#27	D	-	RO	.64	7.16	Bact w/ CC	
7/3/24/9:00	PW	#7	D	-	RO	.67	7.15	Bact w/ CC	
7/3/24/9:15	PW	#8	D	-	RO	.78	7.19	Bact w/ CC, DBP, Chlorides	
7/3/24/9:30	PW	#10	D	-	RO	.79	7.16	Bact w/ CC	
7/3/24/9:45	PW	#35	D	-	RO	.61	7.20	Bact w/ CC	
7/3/24/9:50	PW	42 Bittersweet Ave	D	-	RO	.54	7.38	Bact w/ CC, Metals	

**WO#: 70303971**  
**PM: KMM**      **Due Date: 07/16/24**  
**CLIENT: HBW**

Client Name: HBW      Project \_\_\_\_\_  
 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: TK24      Correction Factor: -0.1       Samples on ice, cooling process has begun  
 Cooler Temperature (°C): 5.9      Cooler Temperature Corrected (°C): 5.3      Date/Time 5035A kits placed in freezer TK 7/3/24  
 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: ASF 7/3/24

	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 <u>WT</u> OIL OTHER	

Date and Initials of person checking preservation: ASF 7/3/24

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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <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 <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , 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).	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 #	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	
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.