



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

Sample Information:

Type: Drinking Water
 Origin:

Hampton Bays Water District

PO Box 1013

Hampton Bays, NY 11946

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 07/03/2024 09:45 AM Point

Received : 07/03/2024 03:55 PM Location

Collected By CLIENT

Lab No. : 70303987001

Client Sample ID.: BLENDED ENTRY POINT 3 FIELD

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	<0.020		1	mg/L	0.3	07/08/2024 3:33 PM	001 BP3N1/1
Manganese	<0.010		1	mg/L	0.3	07/08/2024 3:33 PM	001 BP3N1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrate as N	<0.25		5	mg/L	10	07/04/2024 2:24 AM	001 BP3U1/1
Nitrate-Nitrite (as N)	<0.25		5	mg/L		07/04/2024 2:24 AM	001 BP3U1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrite as N	<0.050		1	mg/L	1	07/03/2024 11:59	001 BP3U1/1

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

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

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

Date Reported: 07/09/2024

Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.

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Sample Information:

Type: Drinking Water
 Origin:

Hampton Bays Water District

PO Box 1013

Hampton Bays, NY 11946

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 07/03/2024 10:15 AM Point

Received : 07/03/2024 03:55 PM Location

Collected By CLIENT

Lab No. : 70303987002

Client Sample ID.: 10 WILSON DR/MS.CHASE

Analytical Method:EPA 200.7

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Iron	<0.020		1	mg/L	0.3	07/08/2024 3:35 PM	002 BP3N1/1
Manganese	<0.010		1	mg/L	0.3	07/08/2024 3:35 PM	002 BP3N1/1

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

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

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WorkOrder :
70303987

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#: 70303987



NY 11747
8436

Sample Request Form PUBLIC WATER SUPPLIER

Rev: 7.3.24 JSJ

WELL OFF LINE
 WELL RUN TO SYSTEM

Date: 7-3-2024

Collected By: K. JUTKUN
Accepted By: [Signature] 7.3.24

Cooler Temp: 54 °C YES NO VOC'S PRESERVED WITH HCl

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT
Address: HAMPTON BAYS, NEW YORK 11946
P.O. BOX 1013
(631) 728-0179
Phone #: _____
Attn: _____
Proj. # or (Name): _____
Bill To: _____
Copies To: _____

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	

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings		Analysis	Lab No.
						Cl ₂	pH/Temp		
7/3/24/7:30am	GW	Well 1-1	RW	-	RO	.00		BACT, FIM, N/N	
7/3/24/7:45am	GW	Well 1-2	RW	-	RO	.00		BACT, FIM, N/N	
7/3/24/8:00am	GW	Well 1-3	RW	-	RO	.00		BACT, N/N, POC	
7/3/24/8:15am	GW	Blended Influent GAC	I	GAC	RO			FIM	
7/3/24/8:30am	GW	Blended Effluent GAC	E	GAC	RO	.00		BACT	
7/3/24/8:45am	GW	Blended Effluent GAC	E	GAC	RO			N/N	
7/3/24/9:00am	GW	Well 2-1	RW	-	RO	.00		BACT	
7/3/24/9:15am	GW	Well 2-2	RW	-	RO	.00		BACT	
7/3/24/9:30am	GW	Well 3-1	RW	-	RO	.00		BACT	
7/3/24/9:45am	PW	Blended Entry Point #3 Field	D	-	RO			FIM, N/N	-001
7/3/24/10:00am	GW	Well 3-1	RW	-	RO	.00		BACT, FIM	

Remarks:

DC#_Title: Excel Form Template
 Effective Date:

WO#: 70303987

Client Name: HBW

Project **PM: KMM** Due Date: **07/11/24**
CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Pace 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): 5.4 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 <input checked="" type="checkbox"/> WT OIL OTHER	

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

All containers needing preservation have been <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A pH paper Lot # <u>200623</u> All containers needing preservation are found to be in compliance with method recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 Sample # Initial when completed: Lot # of added preservative: Date/Time preservative added:
Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A KI starch test strips Lot # Residual chlorine strips Lot #	14. 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 Lead Acetate Strips Lot #	15. Positive for Sulfide? Y N
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.