



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. : 70316148

Received :10/02/24 4:40 PM
 Sample Type :Drinking Water

Date Reported: 10/07/2024

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
70316148001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	10/2/24 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 10/3/24 11:05:00 AM	Absent 10/3/24 11:05:00 AM	0.43 10/2/24 8:15:00 AM
70316148002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	10/2/24 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 10/3/24 11:05:00 AM	Absent 10/3/24 11:05:00 AM	0.51 10/2/24 8:30:00 AM
70316148003	HB3 Routine Distribution U.S.C.G. Foster Ave.	10/2/24 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 10/3/24 11:05:00 AM	Absent 10/3/24 11:05:00 AM	0.46 10/2/24 8:45:00 AM
70316148004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	10/2/24 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 10/3/24 11:05:00 AM	Absent 10/3/24 11:05:00 AM	0.44 10/2/24 9:00:00 AM
70316148005	HB5 Routine Distribution H.B. High School Argonne Rd.	10/2/24 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 10/3/24 11:05:00 AM	Absent 10/3/24 11:05:00 AM	0.5 10/2/24 9:15:00 AM
70316148006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	10/2/24 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 10/3/24 11:05:00 AM	Absent 10/3/24 11:05:00 AM	0.39 10/2/24 9:30:00 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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Michelle Cohen



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70316148007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	10/2/24 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 10/3/24 11:05:00 AM	Absent 10/3/24 11:05:00 AM	0.43 10/2/24 9:45:00 AM
70316148008	HB7 Routine Distribution SO. Town Parks & Rec	10/2/24 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 10/3/24 11:05:00 AM	Absent 10/3/24 11:05:00 AM	0.39 10/2/24 10:00:00 AM
70316148009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	10/2/24 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 10/3/24 11:05:00 AM	Absent 10/3/24 11:05:00 AM	0.31 10/2/24 10:15:00 AM
70316148010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	10/2/24 10:30:00 AM Collected by: CLIENT	Analysis Time	Absent 10/3/24 11:05:00 AM	Absent 10/3/24 11:05:00 AM	0.62 10/2/24 10:30:00 AM
70316148011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	10/2/24 10:45:00 AM Collected by: CLIENT	Analysis Time	Absent 10/3/24 11:05:00 AM	Absent 10/3/24 11:05:00 AM	0.69 10/2/24 10:45:00 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

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WorkOrder :

70316148

Laboratory Certifications

Pace Analytical Services, LLC - Melville, NY

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

WO#: 70316148



11747
136

Sample Request Form PUBLIC WATER SUPPLIER

Paul Kelly
10/24/13
1690

Date: 10-2-2013

Collected By: *Paul Kelly*

Accepted By: *Paul Kelly*

Cooler Temp: 13.4 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: P.O. BOX 1013

(631) 728-0179

Phone #: _____

Attr: _____

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.
10/2/13 8:15	PW	#9	D	-	RO	.43	7.13	Bect w/ccl	
10/2/13 8:30	PW	#2	D	-	RO	.51	7.11	Bect w/ccl	
10/2/13 8:45	PW	#3	D	-	RO	.46	7.20	Bect w/ccl	
10/2/13 9:00	PW	#4	D	-	RO	.44	7.09	Bect w/ccl	
10/2/13 9:15	PW	#5	D	-	RO	.15	7.14	Bect w/ccl	
10/2/13 9:30	PW	#6	D	-	RO	.39	7.21	Bect w/ccl	
10/2/13 9:45	PW	#27	D	-	RO	.43	7.15	Bect w/ccl	
10/2/13 10:00	PW	#7	D	-	RO	.39	7.19	Bect w/ccl	
10/2/13 10:15	PW	#8	D	-	RO	.31	7.00	Bect w/ccl	
10/2/13 10:30	PW	#10	D	-	RO	.62	7.32	Bect w/ccl	
10/2/13 10:45	PW	#35	D	-	RO	.69	7.21	Bect w/ccl	
Remarks:									

Client: **HBW**

Work ID: **Ⓟ DIST BACT 10/2**

Profile #: **5023**

COC Page _____ of _____

Use Point Number Spreadsheet

Multiday Project

Add SCLOGFD to first sample for field charge

COC Line Item	Matrix	Container Collets	Matrix
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Container Collets

Container Collets	Glass	Plastic
VG9U	40mL unpress clear vial	BP4U 125mL unreserved plastic
VG9C	40mL Ascorbic-HCl clear vial	BP3U 250mL unreserved plastic
VG9H	40mL HCl clear vial	BP2U 500mL unreserved plastic
VG9S	40mL Sulfuric clear vial	BP1U 1L unreserved plastic
VG9T	40mL Na Thiosulfate vial	BP4N 125mL HNO3 plastic
DG9Y	40mL Citrate-Na Thiosulfate	BP3N 250mL HNO3 plastic
DG9P	40mL amber vial - TSP	BP2N 500mL HNO3 plastic
DG9A	Ascorbic/Maleic Acid 40mL	BP3S 250mL H2SO4 plastic
DG6T	Na Thio 60mL Vial	BP2S 500mL H2SO4 plastic
DG8S	Ammonium Cl/CUSO4 40mL	BP3C NaOH 250mL bottle
CG1U	1L Unpres Jar (Con Ed)	BP3T 250mL Trizma
WG90	8oz clear soil jar	BP3S 250mL Ammonium Acetate
WG40	4oz clear soil jar	BP3R 250mL NH4SO4-NH4OH
		BP1Z 1L NaOH, Zn Acetate
		BP1B 1L HNO3 plastic
		BP1B Na Thiosulfate Amber Bottle

Container Collets	Misc.
SP5T	120mL Coliform Na Thio
R	Tetracore Kit
WG2U	2oz Unreserved Jar
WGFU	4oz Unreserved Jar
WGPU	8oz Unreserved Jar
WGDU	16oz Unreserved Jar
ZPLC	Ziplock Bag
TEDL	Tedlar Bag
BG1H	1L HCL Clear Glass
GN	General
WIP	Wipe
LLHG	Low Level Hg Bottles
BG1N	1L HNO3 Clear Glass

Container Collets	IOC
BP1U	1L unreserved plastic
BP3N*	250mL HNO3 plastic
BP3C	250mL Sodium Hydroxide
AG2U	500mL unreserved plastic
BP3U	250mL unreserved plastic

* Can also be a BP4N

Container Collets	SOC
VG9T	40mL Na Thio amber vial
DG9A	40mL Ascorbic acid/maleic Acid vial
DG9Y	Citrate/Na Thiosulfate 40mL
DG6T	Na Thiosulfate 60mL vial
DG6M	MonoAcetic/Na Thio 60mL
AG3U	250mL unreserved plastic
AG3T	Na Thiosulfate 250mL bottle
BP1B	Na Thiosulfate Amber bottle
AG1T	Na Thiosulfate 1L Amber
AG1A	525.3 Chemical Blend

Container Collets	Matrix
WT	Water
SL	Solid
NAL	Non-aqueous Liquid
DL	Oil
WIP	Wipe
DW	Drinking Water

Sender Initials **AD**

Additional Comments

WO#: 70316148
Due Date: 10/11/24
PM: MC1
CLIENT: HBW

WO#: 70316148

Client Name: HBW

Project #

PM: MC1

Due Date: 10/11/24

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 None Other Type of Ice: Wet Blue None

Thermometer Used: T1121 Correction Factor: -0.1 Samples on ice, cooling process has begun
 Cooler Temperature (°C): 3.4 Cooler Temperature Corrected (°C): 3.1 Date/Time 5035A kits placed in freezer: 10/2/24
 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: 10/2/24 AEB

	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: 10/2/24 AEB

All containers needing preservation have been pH paper Lot #	<input checked="" 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
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)		Sample #
Exceptions: VOA, Coliform, 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 <input checked="" type="checkbox"/> N/A		14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #		15. Positive for Sulfide? Y N
Residual chlorine strips Lot #		
SM 4500 CN samples checked for sulf <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		
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.