



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: Distribution
 Routine

Hampton Bays Water District
PO Box 1013
Hampton Bays, NY 11946

Lab No. : 70316152001
Client Sample ID.: BLENDED ENTRY POINT 3 FIELD

Attn To : Keith Tuthill
 Federal ID : 5103704
 Collected : 10/02/2024 09:15 AM Point BLENDED ENTRY
 Received : 10/02/2024 04:40 PM Location
 Collected By CLIENT

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	10/08/2024 4:13 PM	001 BP3N1/1
Manganese	<0.010		1	mg/L	0.3	10/08/2024 4:13 PM	001 BP3N1/1

Analytical Method:EPA 353.2

<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>
Nitrate as N	0.34		5	mg/L	10	10/03/2024 2:38 AM	001 BP4U1/1
Nitrate-Nitrite (as N)	0.34		5	mg/L		10/03/2024 2:38 AM	001 BP4U1/1

Analytical Method:EPA 353.2

<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>
Nitrite as N	<0.050		1	mg/L	1	10/03/2024 12:33	001 BP4U1/1

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

Michelle Cohen

Test results meet the requirements of NELAC unless otherwise noted.

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

This report shall not be reproduced except in full, without the written approval of the laboratory.

Date Reported: 10/09/2024



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WorkOrder :
70316152

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#: 70316152



Sample Request Form PUBLIC WATER SUPPLIER

Jul Kelly
10/2/24 1640
 WELL OFF LINE

Date: 10-2-2024
Collected By: K. T. Kelly
Accepted By: Jul Kelly 10/2/24
Cooler Temp: 3.4 °C

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
HAMPTON BAYS, NEW YORK 11946
(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 Cl ₂ pH/Temp	Analysis	Lab No.
10/2/24/ 7:50	GW	well 1-1	RW		RO	.00	BACT, FILM, NIN	
10/2/24/ 7:45	GW	well 1-2	RW		RO	.00	BACT, FILM, NIN, STREPT	
10/2/24/ 8:00	GW	well 1-3	RW		RO	.00	BACT, NIN, POC	
10/2/24/ 8:10	GW	Blended Influent	I	GAC	RO		FILM	
10/2/24/ 8:15	GW	Blended Effluent	E	GAC	RO	.00	BACT, NIN	
10/2/24/ 8:35	GW	well 2-1	RW		RO	.00	BACT	
10/2/24/ 8:50	GW	well 2-2	RW		RO	.00	BACT	
10/2/24/ 9:10	GW	well 3-1	RW		RO	.00	BACT	
10/2/24/ 9:25	GW	well 3-2	RW		RO	.00	BACT, FILM	
10/2/24/ 9:40	GW	well 3-3	RW		RO	.00	BACT	
10/2/24/ 9:15	PW	Blended Entry Point 3 Gerd	D		RO		FILM, NIN	

Remarks:

Effective Date:

WO#: 70316152

Client Name:

H13W

Project #

PM: MC1

Due Date: 10/08/24

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 5.0°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: MD 10/2/24

	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix: SL <u>WT</u> OIL OTHER	

Date and Initials of person checking preservation: MD 10/2/24

All containers needing preservation have been: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A pH paper Lot # <u>200023</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 #
Samples checked for dechlorination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A KI starch test strips Lot #	Initial when completed: _____ Lot # of added preservative: _____ Date/Time preservative added: _____
Residual chlorine strips Lot #	14. Positive for Res. Chlorine? Y N
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 #	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	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.