



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. : 70320786

Received : 11/06/24 11:30
 Sample Type : Drinking Water

Date Reported: 11/12/2024

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
70320786001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	11/6/24 8:00:00 AM Collected by: CLIENT	Analysis Time	Absent 11/7/24 11:45:00 AM	Absent 11/7/24 11:45:00 AM	0.50 11/6/24 8:00:00 AM
70320786002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	11/6/24 8:15:00 AM Collected by: CLIENT	Analysis Time	Absent 11/7/24 11:45:00 AM	Absent 11/7/24 11:45:00 AM	0.86 11/6/24 8:15:00 AM
70320786003	HB3 Routine Distribution U.S.C.G. Foster Ave.	11/6/24 8:30:00 AM Collected by: CLIENT	Analysis Time	Absent 11/7/24 11:45:00 AM	Absent 11/7/24 11:45:00 AM	0.40 11/6/24 8:30:00 AM
70320786004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	11/6/24 8:45:00 AM Collected by: CLIENT	Analysis Time	Absent 11/7/24 11:45:00 AM	Absent 11/7/24 11:45:00 AM	0.61 11/6/24 8:45:00 AM
70320786005	HB5 Routine Distribution H.B. High School Argonne Rd.	11/6/24 9:00:00 AM Collected by: CLIENT	Analysis Time	Absent 11/7/24 11:45:00 AM	Absent 11/7/24 11:45:00 AM	0.52 11/6/24 9:00:00 AM
70320786006	HB6 Routine Distribution Strong Oil Montauk Hwy. East	11/6/24 9:15:00 AM Collected by: CLIENT	Analysis Time	Absent 11/7/24 11:45:00 AM	Absent 11/7/24 11:45:00 AM	0.69 11/6/24 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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Michelle Cohen



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Lab	Location	Collected	Units Method Limits	E.coli N/A SM22 9223B Colilert Absent	Total Coliforms N/A SM22 9223B Colilert Absent	Field Residual mg/L 4
70320786007	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	11/6/24 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 11/7/24 11:45:00 AM	Absent 11/7/24 11:45:00 AM	0.69 11/6/24 9:30:00 AM
70320786008	HB7 Routine Distribution SO. Town Parks & Rec	11/6/24 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 11/7/24 11:45:00 AM	Absent 11/7/24 11:45:00 AM	0.73 11/6/24 9:45:00 AM
70320786009	HB8 Routine Distribution B. McCormack Bittersweet Ave.	11/6/24 10:00:00 AM Collected by: CLIENT	Analysis Time	Absent 11/7/24 11:45:00 AM	Absent 11/7/24 11:45:00 AM	1.01 11/6/24 10:00:00 AM
70320786010	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	11/6/24 10:15:00 AM Collected by: CLIENT	Analysis Time	Absent 11/7/24 11:45:00 AM	Absent 11/7/24 11:45:00 AM	0.96 11/6/24 10:15:00 AM
70320786011	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	11/6/24 10:30:00 AM Collected by: CLIENT	Analysis Time	Absent 11/7/24 11:45:00 AM	Absent 11/7/24 11:45:00 AM	0.86 11/6/24 10:30:00 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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WorkOrder :

70320786

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

Texas Certification #: T104704582



WO#: 70320786



Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT
 Address: PO BOX 1013
 HAMPTON BAYS, NEW YORK 11946
 (631) 728-9179

Phone #: _____
 Attn: _____
 Proj. # or (Name): _____
 Bill To: _____
 Copies To: _____

**Sample Request Form
PUBLIC WATER SUPPLIER**

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Date: 11-6-2024
 Collected By: G. Us...
 Accepted By: [Signature] 11/6/24
 Cooler Temp: 3.6 °C 1130

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.
11/6/24/ 800	PW	H9	D	-	RO	0.50	7.29	React w/ Cl ₂	
11/6/24/ 815	PW	H2	D	-	RO	0.86	7.31	React w/ Cl ₂	
11/6/24/ 830	PW	H3	D	-	RO	0.40	7.27	React w/ Cl ₂	
11/6/24/ 845	PW	H4	D	-	RO	0.61	7.37	React w/ Cl ₂	
11/6/24/ 900	PW	H5	D	-	RO	0.52	7.30	React w/ Cl ₂	
11/6/24/ 915	PW	H6	D	-	RO	0.69	7.41	React w/ Cl ₂	
11/6/24/ 930	PW	H27	D	-	RO	0.69	7.38	React w/ Cl ₂	
11/6/24/ 945	PW	H7	D	-	RO	0.73	7.42	React w/ Cl ₂	
11/6/24/ 1000	PW	H8	D	-	RO	1.01	7.26	React w/ Cl ₂	
11/6/24/ 1015	PW	H10	D	-	RO	0.96	7.46	React w/ Cl ₂	
11/6/24/ 1030	PW	H35	D	-	RO	0.86	7.81	React w/ Cl ₂	

Remarks:

Client: **HBW**

Profile #: **5223**

Use Point Number Spreadsheet Multiday Project

Work ID: **Dist Bag 11/6**

COC Page _____ of _____

Add SCLOGFD to first sample for field charge

COC Line Item	Matrix	Container Codes	Matrix
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Container Codes

Container Code	Description	Material
VG9U	40ml unpres clear vial	Glass
VG9C	40ml Ascorbic-HCl clear vial	Glass
VG9H	40ml HCl clear vial	Glass
VG9S	40ml Sulfuric clear vial	Glass
VG9T	40ml Na Thiosulfate vial	Glass
DG9Y	40ml Citrate-Na Thiosulfate	Glass
DG9P	40ml amber vial - TSP	Glass
DG9A	Ascorbic/Maleic Acid 40mL	Glass
DG9T	Na Thio 60mL Vial	Glass
DG9S	Ammonium Cl/CuSO4 40mL	Glass
CG1U	1L Unpres Jar (Con Ed)	Glass
WG9O	8oz clear soll jar	Glass
WG9O	4oz clear soll jar	Glass
AG4U	125mL unpres amber glass	Plastic
BP3U	250mL unpres amber glass	Plastic
BP2U	500mL unpres amber glass	Plastic
BP1U	1L unpres amber glass	Plastic
BP4N	Ammonium Cl 250mL bottle	Plastic
BP3N	250mL HNO3 plastic	Plastic
BP2N	500mL HNO3 plastic	Plastic
BP3S	250mL H2SO4 plastic	Plastic
BP2S	500mL H2SO4 plastic	Plastic
BP3C	NaOH 250mL bottle	Plastic
BP3T	250mL Trizma	Plastic
BP35	250mL Ammonium Acetate	Plastic
BP3R	250mL NH4SO4-NH4OH	Plastic
BP12	1L NaOH, Zn Acetate	Plastic
BP1N	1L HNO3 plastic	Plastic
BP1B	Na Thiosulfate Amber Bottle	Plastic

Container Code	Description
SP5T	120mL Collform Na Thio
R	Terracore Kit
WG2U	2oz Unpreserved Jar
WG2U	4oz Unpreserved Jar
WG2U	8oz Unpreserved Jar
WG2U	16oz Unpreserved Jar
ZPLC	Ziplock Bag
TEDL	Tedar Bag
BGTH	1L HCL Clear Glass
GN	General
WP	Wipe
LLHG	Low Level Hg Bottles
BGIN	1L HNO3 Clear glass

Container Code	Description
BP1U	1L unpreserved plastic
BP3M*	250mL HNO3 plastic
BP3C	250mL Sodium Hydroxide
AG2U	500mL unpres amber glass
BP3U	250mL unpreserved plastic

* Can also be a BP4N

Container Code	Description
VG9T	40mL Na Thio amber vial
DG9A	40mL Ascorbic acid/maleic Acid vials
DG9Y	Citrate/Na Thiosulfate 40mL
DG6T	Na Thiosulfate 60mL vial
DG6M	Monochloric/Na Thio 60mL
AG3U	250mL unpres amber glass
AG3T	Na Thiosulfate 250mL bottle
BP1B	Na Thiosulfate Amber bottle
AG1T	Na Thiosulfate 1L Amber
AG1A	525.3 Chemical Blend

Container Code	Description
WT	Water
SL	Solid
NAL	Non-aqueous Liquid
OL	OIL
WP	Wipe
DW	Drinking Water

Additional Comments

Sender Initials _____

WO#: 70320786
PM: MC1
CLIENT: HBW
Due Date: 11/15/24

Effective Date:

WO#: 70320786
PM: MC1
CLIENT: HBW
Due Date: 11/15/24

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 None Other Type of Ice: Wet Blue None

Thermometer Used: TH211 Correction Factor: -0.3 3.3 Samples on ice, cooling process has begun
Cooler Temperature (°C): 3.6 Cooler Temperature Corrected (°C): 3.3 Date/Time 5035A kits placed in freezer

Temp should be above freezing to 6.0°C

USDA Regulated Soil (X) 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: RBZ 11/6/24

	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	10.
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 WT OIL OTHER	

Date and Initials of person checking preservation: RBZ 11/6/24

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 ₃ <input type="checkbox"/> H ₂ SO ₄ <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 ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
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 #	
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.