



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. : 70322092

Received : 11/13/24 3:30 PM
 Sample Type : Drinking Water

Date Reported: 11/19/2024

Lab	Location	Collected	Units	E.coli	Total Coliforms	Field Residual
			Method	N/A	N/A	mg/L
			Limits	SM22 9223B Colilert	SM22 9223B Colilert	
70322092001	HB12	11/13/24 8:00:00 AM		Absent	Absent	4
	Routine M. Layburn		Analysis Time	11/14/24 11:45:00 AM	11/14/24 11:45:00 AM	11/13/24 8:00:00 AM
	Distribution Squires Pond Rd.	Collected by: CLIENT				
70322092002	HB13	11/13/24 8:15:00 AM		Absent	Absent	1.05
	Routine H.B. Bagel		Analysis Time	11/14/24 11:45:00 AM	11/14/24 11:45:00 AM	11/13/24 8:15:00 AM
	Distribution W. Montauk Hwy.	Collected by: CLIENT				
70322092003	HB28	11/13/24 8:30:00 AM		Absent	Absent	0.95
	Routine Huebner		Analysis Time	11/14/24 11:45:00 AM	11/14/24 11:45:00 AM	11/13/24 8:30:00 AM
	Distribution Oakwood Rd.	Collected by: CLIENT				
70322092004	HB29	11/13/24 8:45:00 AM		Absent	Absent	0.71
	Routine McFarland		Analysis Time	11/14/24 11:45:00 AM	11/14/24 11:45:00 AM	11/13/24 8:45:00 AM
	Distribution Ridgewood La.	Collected by: CLIENT				
70322092005	HB16	11/13/24 9:00:00 AM		Absent	Absent	0.75
	Routine Spellman's Marine		Analysis Time	11/14/24 11:45:00 AM	11/14/24 11:45:00 AM	11/13/24 9:00:00 AM
	Distribution Rampasture Rd.	Collected by: CLIENT				
70322092006	HB34	11/13/24 9:15:00 AM		Absent	Absent	0.67
	Routine Kappers		Analysis Time	11/14/24 11:45:00 AM	11/14/24 11:45:00 AM	11/13/24 9:15:00 AM
	Distribution 23 Washington Ave.	Collected by: CLIENT				

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	<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
70322092007	HB31 Routine Distribution Maryland Blvd.	11/13/24 9:30:00 AM Collected by: CLIENT	Analysis Time	Absent 11/14/24 11:45:00 AM	Absent 11/14/24 11:45:00 AM	0.70 11/13/24 9:30:00 AM
70322092008	SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465	11/13/24 9:45:00 AM Collected by: CLIENT	Analysis Time	Absent 11/14/24 11:45:00 AM	Absent 11/14/24 11:45:00 AM	0.73 11/13/24 9:45:00 AM
70322092009	HB5A Routine Distribution Sunday's By The Bay Dune Rd.	11/13/24 10:00:00 Collected by: CLIENT	Analysis Time	Absent 11/14/24 11:45:00 AM	Absent 11/14/24 11:45:00 AM	0.41 11/13/24 10:00:00 AM
70322092010	HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy.	11/13/24 10:15:00 Collected by: CLIENT	Analysis Time	Absent 11/14/24 11:45:00 AM	Absent 11/14/24 11:45:00 AM	0.61 11/13/24 10:15:00 AM

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

Treatments	
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WorkOrder :

70322092

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#: 70322092



70322092

747

Sample Request Form PUBLIC WATER SUPPLIER

Date: 11-13-2021

Collected By: G. U. [Signature]
Accepted By: [Signature] 11/13/24
Cooler Temp: 12.3 °C 1140

WELL RUN TO SYSTEM

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.
11/13/24 8:00	PW	#12	D	-	RO	.65	7.61	Becl u/l cc	001
11/13/24 8:15	PW	#13	D	-	RO	1.05	7.38	Becl u/l cc	002
11/13/24 8:30	PW	#28	D	-	RO	.95	7.42	Becl u/l cc	003
11/13/24 8:45	PW	#29	D	-	RO	.71	7.36	Becl u/l cc	004
11/13/24 9:00	PW	#16	D	-	RO	.75	7.41	Becl u/l cc	005
11/13/24 9:15	PW	#34	D	-	RO	.67	7.45	Becl u/l cc	006
11/13/24 9:30	PW	#31	D	-	RO	.70	7.29	Becl u/l cc	007
11/13/24 9:45	PW	SPB #1	D	-	RO	.73	7.43	Becl u/l cc	008
11/13/24 10:00	PW	45A	D	-	RO	.41	7.47	Becl u/l cc	009
11/13/24 10:15	PW	#21	D	-	RO	.61	7.42	Becl u/l cc	010
11/13/24 7:45am	PW	B. EP Plant #3	D	-	S			metals	
11/13/24 8:30am	PW	Park irrigation well	RW	-	S			metals	

Remarks: 11/13/24 8:30am

Client: HBW
Work ID: Dist Bect 4/13

Profile #: 5223

Use Point Number Spreadsheet

Mulliday Project

COC Page _____ of _____
Add SCLOGFD to first sample for field charge

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

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

IOC	Code
1L unreserved plastic	BP1U
250mL HNO3 plastic	BP3N
250mL Sodium Hydroxide	BP3C
500mL unreserved glass	AG3U
125mL unreserved plastic	BP3U

Misc.	Code
120mL Coliform Na Thio	SP5T
Terracore Kit	R
2oz Unreserved Jar	WG2U
4oz Unreserved Jar	WG4U
8oz Unreserved Jar	WG8U
16oz Unreserved Jar	WG16U
Ziplock Bag	ZPLC
Tedlar Bag	TEDL
1L HCL Clear Glass	BG1H
General	GN
Wipe	WP
Low Level Hg Bottles	LLHG
1L HNO3 Clear Glass	BG1N

Glass	Code	Plastic	Code
40mL unreserved clear vial	AG4U	125mL unreserved plastic	BP4U
40mL Ascorbic-HCl clear vial	AG3U	250mL unreserved plastic	BP3U
40mL HCl clear vial	AG2U	500mL unreserved plastic	BP2U
40mL Sulfuric clear vial	AG1U	1L unreserved plastic	BP1U
40mL Citrate-Na Thiosulfate	AG3S	125mL HNO3 plastic	BP3N
40mL Citrate-Na Thiosulfate	AG4S	250mL HNO3 plastic	BP3C
40mL Citrate-Na Thiosulfate	AG3T	500mL H2SO4 plastic	BP2N
40mL Citrate-Na Thiosulfate	AG2R	125mL H2SO4 plastic	BP2S
40mL Citrate-Na Thiosulfate	AG1T	500mL H2SO4 plastic	BP3C
40mL Citrate-Na Thiosulfate	AG1A	NaOH 250mL bottle	BP3T
40mL Citrate-Na Thiosulfate	AG5U	250mL Trizma	BP3S
40mL Citrate-Na Thiosulfate	AG44	1L Ammonium Chloride	BP3R
40mL Citrate-Na Thiosulfate		250mL NH4SO4-NH4OH	BP1Z
40mL Citrate-Na Thiosulfate		1L NaOH, Zn Acetate	BP1B
40mL Citrate-Na Thiosulfate		1L HNO3 plastic	
40mL Citrate-Na Thiosulfate		Na Thiosulfate Amber Bottle	

*Can also be a BP-N

SOC	Code
40mL Na Thio amber vial	VG3T
40mL Ascorbic acid/malic Acid vials	DG9A
Citrate/Na Thiosulfate 40mL	DG9Y
Na Thiosulfate 60mL vial	DG6M
MonoCl-Acetic/Na Thio 60mL	AG3U
250mL unreserved glass	AG3T
Na Thiosulfate 250mL bottle	BP1B
Na Thiosulfate Amber bottle	AG1T
1L Amber	AG1A
525.3 Chemical Blend	AG1A

Sender Initials CS

Additional Comments

WO#: 70322092
PM: MC1 **Due Date: 11/25/24**
CLIENT: HBW

Effective Date:

WO#: 70322092

Client Name:

HBW

Project #

PM: MC1

Due Date: 11/25/24

Courier: Fed Ex UPS USPS Client Commercial Pac Other

CLIENT: HBW

Tracking #:

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No Temperature Blank Present: Yes No
Packing Material: Bubble Wrap Bubble Bags Ziplo Non Other Type of Ice: Wet Blue None

Thermometer Used: 24211 Correction Factor: 0.3 Samples on ice, cooling process has begun
Cooler Temperature (°C): 2.6 Cooler Temperature Corrected (°C): 2.3 Date/Time 5035A kits placed in freezer: 11/13/24

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:

	COMMENTS:
Chain of Custody Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.
Chain of Custody Filled Out: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2.
Chain of Custody Relinquished: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.
Sampler Name & Signature on COC: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr): <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8.
Correct Containers Used: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9.
-Pace Containers Used: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10.
Containers Intact: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11.
Filtered volume received for Dissolved tests: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 WT OIL OTHER	

Date and Initials of person checking preservation:

All containers needing preservation have been pH paper Lot #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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, NaOH > 12 Cyanide)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		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: KI starch test strips Lot #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	14.	Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #			
SM 4500 CN samples checked for sulfide: Lead Acetate Strips Lot #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	15.	Positive for Sulfide? Y N
Headspace in ALK Bottle (>6mm):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	16.	
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	17.	
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		

Client Notification/ Resolution:

Person Contacted:

Comments/ Resolution:

Field Data Required? Y / N

Date/Time:

* PM (Project Manager) review (which includes the SCUR) is documented electronically in LIMS.