



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. : 70328671

Received : 12/18/24 5:00 PM
 Sample Type : Drinking Water

Date Reported: 12/30/2024

Lab	Location	Collected	Units Method Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70328671001	HB6	12/18/24 8:00:00 AM		Absent	Absent	0.57
Routine Distribution	Strong Oil Montauk Hwy. East	Collected by: Hampton Bays Water District	Analysis Time	12/19/24 12:00:00 PM	12/19/24 12:00:00 PM	12/18/24 8:00:00 AM
70328671002	HB27	12/18/24 8:15:00 AM		Absent	Absent	0.75
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: Hampton Bays Water District	Analysis Time	12/19/24 12:00:00 PM	12/19/24 12:00:00 PM	12/18/24 8:15:00 AM
70328671003	HB7	12/18/24 8:30:00 AM		Absent	Absent	0.50
Routine Distribution	SO. Town Parks & Rec	Collected by: Hampton Bays Water District	Analysis Time	12/19/24 12:00:00 PM	12/19/24 12:00:00 PM	12/18/24 8:30:00 AM
70328671004	HB10	12/18/24 8:45:00 AM		Absent	Absent	1.07
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: Hampton Bays Water District	Analysis Time	12/19/24 12:00:00 PM	12/19/24 12:00:00 PM	12/18/24 8:45:00 AM
70328671005	HB35	12/18/24 9:00:00 AM		Absent	Absent	0.62
Routine Distribution	Classic Beverage W. Montauk Hwy.	Collected by: Hampton Bays Water District	Analysis Time	12/19/24 12:00:00 PM	12/19/24 12:00:00 PM	12/18/24 9:00:00 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.

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

Michelle Cohen



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WorkOrder :

70328671

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

Florida Certification #: E871198

Effective Date:

WO#: 70328671

Client Name:

H/BW

Project

PM: MC1

Due Date: 12/31/24

CLIENT: HBW

Courier: Fed Ex UPS USPS Client Commercial Parcel 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 Ziplo None Other Type of Ice: Wet Blue None

Thermometer Used: TH211 Correction Factor: 0.0 3.0 Samples on ice, cooling process has begun Cooler Temperature (°C): 3.0 Cooler Temperature Corrected (°C): 4.0 Date/Time 5035A kits placed in freezer

Temp should be above freezing to 8.0°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: AOS 12/20/24

	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 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 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 checked="" type="checkbox"/> No <input 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: AOS 12/20/24

All containers needing preservation have been pH paper Lot # 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 checked="" type="checkbox"/> No 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
Samples checked for dechlorination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
SM 4500 CN samples checked for sul <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	15. Positive for Sulfide? Y N
Headpace in ALK Bottle (>6mm): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	16.
Headpace 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:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution:

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