



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. : 70329603

Received :12/23/24 3:00 PM
 Sample Type :Drinking Water

Date Reported: 12/31/2024

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
70329603001	HB29	12/23/24 8:00:00 AM		Absent	Absent	0.46
Routine Distribution	McFarland Ridgewood La.	Collected by: Hampton Bays Water District	Analysis Time	12/24/24 11:00:00 AM	12/24/24 11:00:00 AM	12/23/24 8:00:00 AM
70329603002	HB34	12/23/24 8:15:00 AM		Absent	Absent	0.51
Routine Distribution	Kappers 23 Washington Ave.	Collected by: Hampton Bays Water District	Analysis Time	12/24/24 11:00:00 AM	12/24/24 11:00:00 AM	12/23/24 8:15:00 AM
70329603003	SPB#1	12/23/24 8:30:00 AM		Absent	Absent	0.42
Routine Distribution	SPB#1 Adj. Hydrant#465	Collected by: Hampton Bays Water District	Analysis Time	12/24/24 11:00:00 AM	12/24/24 11:00:00 AM	12/23/24 8:30:00 AM
70329603004	HB5A	12/23/24 8:45:00 AM		Absent	Absent	0.27
Routine Distribution	Sunday's By The Bay Dune Rd.	Collected by: Hampton Bays Water District	Analysis Time	12/24/24 11:00:00 AM	12/24/24 11:00:00 AM	12/23/24 8:45:00 AM
70329603005	HB21	12/23/24 9:00:00 AM		Absent	Absent	0.27
Routine Distribution	H.B. Fire Dept. Montauk Hwy.	Collected by: Hampton Bays Water District	Analysis Time	12/24/24 11:00:00 AM	12/24/24 11:00:00 AM	12/23/24 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 :

70329603

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

WO#: 70329603

Client Name: HBW

Project

PM: MC1

Due Date: 01/06/25

Courier: Fed Ex UPS USPS Client Commercial Pace 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 Ziploc None Other Type of Ice: Wet Blue None
 Thermometer Used: T4211 Correction Factor: +0.0 Samples on ice, cooling process has begun
 Cooler Temperature (°C): 1.8 Cooler Temperature Corrected (°C): 1.8 Date/Time 5035A kits placed in freezer _____
 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: WR 12/30/24

	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 <input type="checkbox"/> N/A	11. Note: if sediment is visible in the dissolved container.
Filtered volume received for Dissolved tests	12.
Sample Labels match COC: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
-Includes date/time/ID/Analysis Matrix: SL WT OIL OTHER	

Date and Initials of person checking preservation: WR 12/30/24

All containers needing preservation have been pH paper Lot #	<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
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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Sample #
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).		Initial when completed: Lot # of added preservative: Date/Time preservative added:
Per Method, VOA pH is checked after analysis		14.
Samples checked for dechlorination: KI starch test strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #		15. Positive for Sulfide? Y N
SM 4500 CN samples checked for sulf	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Lead Acetate Strips Lot #		17.
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	
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