



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. : 70397963

Received :12/17/25 3:30 PM
 Sample Type :Drinking Water

Date Reported: 12/23/2025

Lab	Location	Collected	Units Method Limits	<u>E.coli</u> N/A SM 9223B-2016 Absent	<u>Total Coliforms</u> N/A SM 9223B-2016 Absent	<u>Field Residual</u> mg/L 4
70397963001	HB6 Routine Distribution Strong Oil Montauk Hwy. East	12/17/25 8:00:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 12/18/25 11:15:00 AM	Absent 12/18/25 11:15:00 AM	0.72 12/17/25 8:00:00 AM
70397963002	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	12/17/25 8:15:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 12/18/25 11:15:00 AM	Absent 12/18/25 11:15:00 AM	0.66 12/17/25 8:15:00 AM
70397963003	HB7 Routine Distribution SO. Town Parks & Rec	12/17/25 9:15:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 12/18/25 11:15:00 AM	Absent 12/18/25 11:15:00 AM	0.59 12/17/25 9:15:00 AM
70397963004	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	12/17/25 8:30:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 12/18/25 11:15:00 AM	Absent 12/18/25 11:15:00 AM	0.75 12/17/25 8:30:00 AM
70397963005	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	12/17/25 9:30:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 12/18/25 11:15:00 AM	Absent 12/18/25 11:15:00 AM	0.83 12/17/25 9:30:00 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.

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

Michelle Cohen



575 Broad Hollow Road, Melville, NY 11747
TEL: (516) 370-6000 FAX: (516) 886-5526
www.pacelabs.com

WorkOrder :

70397963

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

MO# : 70397963
 PM: MC1 Due Date: 12/30/25
 CLIENT: HBW

Client Name: HBW
 Project # _____
 Courier: Fed Ex UPS USPS Client Commercial Pace Other

Tracking #: _____
 Custody Seal on Cooler/Box Present: Yes No
 Packing Material: Bubble Wrap Bubble Bags Ziploc None Other
 Thermometer Used: H211 Correction Factor: +0.1
 Cooler Temperature (°C): 0.8 Cooler Temperature Corrected (°C): 0.9
 Temperature Blank Present: Yes No
 Type of Ice: Wet Blue None
 Samples on ice, cooling process has begun
 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: wk 12/17/25

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

	Date and Initials of person checking preservation: <u>wk</u> 12/17/25
All containers needing preservation have been pH paper Lot #	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl 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 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	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 #	15. Positive for Sulfide? Y N
Residual chlorine strips Lot #	16.
SM 4500 CN samples checked for sulf <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	17.
Lead Acetate Strips Lot #	
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: _____
 Person Contacted: _____
 Comments/ Resolution: _____
 Field Data Required? Y / N
 Date/Time: _____

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