



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. : 70400719**

Received :01/07/26 5:00 PM  
 Sample Type :Drinking Water

Date Reported:01/14/2026

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
70400719001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	1/7/26 8:00:00 AM Collected by: Hampton Bays Water District	Analysis Time	<b>Absent</b> 1/8/26 11:30:00 AM	<b>Absent</b> 1/8/26 11:30:00 AM	<b>0.50</b> 1/7/26 8:00:00 AM
70400719002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	1/7/26 8:15:00 AM Collected by: Hampton Bays Water District	Analysis Time	<b>Absent</b> 1/8/26 11:30:00 AM	<b>Absent</b> 1/8/26 11:30:00 AM	<b>0.66</b> 1/7/26 8:15:00 AM
70400719003	HB3 Routine Distribution U.S.C.G. Foster Ave.	1/7/26 8:30:00 AM Collected by: Hampton Bays Water District	Analysis Time	<b>Absent</b> 1/8/26 11:30:00 AM	<b>Absent</b> 1/8/26 11:30:00 AM	<b>0.39</b> 1/7/26 8:30:00 AM
70400719004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	1/7/26 9:00:00 AM Collected by: Hampton Bays Water District	Analysis Time	<b>Absent</b> 1/8/26 11:30:00 AM	<b>Absent</b> 1/8/26 11:30:00 AM	<b>0.59</b> 1/7/26 9:00:00 AM
70400719005	HB5 Routine Distribution H.B. High School Argonne Rd.	1/7/26 8:45:00 AM Collected by: Hampton Bays Water District	Analysis Time	<b>Absent</b> 1/8/26 11:30:00 AM	<b>Absent</b> 1/8/26 11:30:00 AM	<b>0.63</b> 1/7/26 8:45:00 AM
70400719006	HB8 Routine Distribution B. McCormack Bittersweet Ave.	1/7/26 9:15:00 AM Collected by: Hampton Bays Water District	Analysis Time	<b>Absent</b> 1/8/26 11:30:00 AM	<b>Absent</b> 1/8/26 11:30:00 AM	<b>0.96</b> 1/7/26 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.

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

Michelle Cohen



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**WorkOrder :**

70400719

## Laboratory Certifications

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**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#: 70400719**

Client Name: HBW

Project #

PM: MC1

Due Date: 01/19/26

CLIENT: HBW

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  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: AD 11 Correction Factor: 0.1  Samples on ice, cooling process has begun

Cooler Temperature(°C): 0.7 Cooler Temperature Corrected(°C): 0.8 Date/Time 5035A kits placed in freezer: AD 1/7/26 1700

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: AD 1/7/26

		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 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 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 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: AD 1/7/26

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 <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
All containers needing preservation are found to be in compliance with method recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , 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			
Samples checked for dechlorination: KI starch test strips Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.	
Residual chlorine strips Lot #			Positive for Res. Chlorine? Y N
SM 4500 CN samples checked for sulf	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.	Positive for Sulfide? Y N
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	16.	
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.