



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. : 70408425

Received :02/25/26 4:40 PM
 Sample Type :Drinking Water

Date Reported:03/02/2026

| 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 |
|-------------|--|--|---------------------------|---|--|------------------------------------|
| 70408425001 | HB29 Routine Distribution McFarland Ridgewood La. | 2/25/26 9:15:00 AM Collected by: Hampton Bays Water District | Analysis Time | Absent 2/26/26 11:30:00 AM | Absent 2/26/26 11:30:00 AM | 0.65 2/25/26 9:15:00 AM |
| 70408425002 | HB34 Routine Distribution Kappers 23 Washington Ave. | 2/25/26 8:45:00 AM Collected by: Hampton Bays Water District | Analysis Time | Absent 2/26/26 11:30:00 AM | Absent 2/26/26 11:30:00 AM | 0.51 2/25/26 8:45:00 AM |
| 70408425003 | SPB#1 Routine Distribution SPB#1 Adj. Hydrant#465 | 2/25/26 9:30:00 AM Collected by: Hampton Bays Water District | Analysis Time | Absent 2/26/26 11:30:00 AM | Absent 2/26/26 11:30:00 AM | 0.55 2/25/26 9:30:00 AM |
| 70408425004 | HB5A Routine Distribution Sunday's By The Bay Dune Rd. | 2/25/26 9:45:00 AM Collected by: Hampton Bays Water District | Analysis Time | Absent 2/26/26 11:30:00 AM | Absent 2/26/26 11:30:00 AM | 0.36 2/25/26 9:45:00 AM |
| 70408425005 | HB21 Routine Distribution H.B. Fire Dept. Montauk Hwy. | 2/25/26 9:00:00 AM Collected by: Hampton Bays Water District | Analysis Time | Absent 2/26/26 11:30:00 AM | Absent 2/26/26 11:30:00 AM | 0.61 2/25/26 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 :

70408425

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

Vermont Certification #: VT-10478

WO#: 70408425

Client Name: HBW

Project: PM: MC1

Due Date: 03/09/26

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: T224 Correction Factor: +0.1 Samples on ice, cooling process has begun
 Cooler Temperature (°C): 8.7 Cooler Temperature Corrected (°C): 0.8 Date/Time 5035A kits placed in freezer 2/25/26

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 2/25/26

| | 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 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 | 10. |
| Filtered volume received for Dissolved tests: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: <u>SL/WT</u> OIL OTHER | |

Date and Initials of person checking preservation: AD 2/25/26

| | | | |
|--|--|-----|--|
| 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 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). 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 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 | 16. | |
| 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 | 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.