



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

Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District

PO Box 1013

Hampton Bays, NY 11946

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 02/25/2026 07:40 AM Point S-50970

Received : 02/25/2026 04:40 PM Location Well #2-1

Collected By Hampton Bays

Lab No. : 70408343001

Client Sample ID.: S-50970

Analytical Method:Field Method

| <u>Parameter(s)</u> | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | <u>Analyzed:</u> | <u>Container:</u> |
|-------------------------|----------------|------------------|-------------|--------------|--------------|--------------------|-------------------|
| Field Residual Chlorine | <0.1 | N3 | 1 | mg/L | 4 | 02/25/2026 7:40 AM | 001 SP5T1/1 |

Analytical Method:SM 9223B-2016

Prep Method: SM 9223B-2016

Prep Date: 02/25/2026 5:30 PM

| <u>Parameter(s)</u> | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | <u>Analyzed:</u> | <u>Container:</u> |
|---------------------|----------------|------------------|-------------|--------------|--------------|------------------|-------------------|
| E.coli | Absent | | 1 | | Absent | 02/26/2026 11:30 | 001 SP5T1/1 |
| Total Coliforms | Absent | | 1 | | Absent | 02/26/2026 11:30 | 001 SP5T1/1 |

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

See qualifiers page for additional qualifier definitions.

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Michelle Cohen

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Sample Information:

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 Origin: Raw Well
 Routine

Hampton Bays Water District
PO Box 1013
Hampton Bays, NY 11946
Attn To : Keith Tuthill

Lab No. : 70408343002
Client Sample ID.: S-74071

Federal ID : 5103704
 Collected : 02/25/2026 07:55 AM Point S-74071
 Received : 02/25/2026 04:40 PM Location Well #2-2
 Collected By Hampton Bays

Analytical Method:Field Method

| <u>Parameter(s)</u> | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | <u>Analyzed:</u> | <u>Container:</u> |
|-------------------------|----------------|------------------|-------------|--------------|--------------|--------------------|-------------------|
| Field Residual Chlorine | <0.1 | N3 | 1 | mg/L | 4 | 02/25/2026 7:55 AM | 002 SP5T1/1 |

Analytical Method:SM 9223B-2016

Prep Method: SM 9223B-2016

Prep Date: 02/25/2026 5:30 PM

| <u>Parameter(s)</u> | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | <u>Analyzed:</u> | <u>Container:</u> |
|---------------------|----------------|------------------|-------------|--------------|--------------|------------------|-------------------|
| E.coli | Absent | | 1 | | Absent | 02/26/2026 11:30 | 002 SP5T1/1 |
| Total Coliforms | Absent | | 1 | | Absent | 02/26/2026 11:30 | 002 SP5T1/1 |

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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District
PO Box 1013
Hampton Bays, NY 11946
Attn To : Keith Tuthill

Lab No. : 70408343003
Client Sample ID.: S-108065

Federal ID : 5103704
 Collected : 02/25/2026 08:15 AM Point S-108065
 Received : 02/25/2026 04:40 PM Location Well #4-1
 Collected By Hampton Bays

Analytical Method:EPA 200.7

| Parameter(s) | Results | Qualifier | D.F. | Units | Limit | Analyzed: | Container: |
|--------------|---------|-----------|------|-------|-------|--------------------|-------------|
| Iron | 1.2* | | 1 | mg/L | 0.3 | 03/05/2026 4:16 PM | 003 BP3N1/1 |
| Manganese | 0.081 | | 1 | mg/L | 0.3 | 03/05/2026 4:16 PM | 003 BP3N1/1 |

Analytical Method:Field Method

| Parameter(s) | Results | Qualifier | D.F. | Units | Limit | Analyzed: | Container: |
|-------------------------|---------|-----------|------|-------|-------|--------------------|-------------|
| Field Residual Chlorine | <0.1 | N3 | 1 | mg/L | 4 | 02/25/2026 8:15 AM | 003 SP5T1/1 |

Analytical Method:SM 9223B-2016

Prep Method: SM 9223B-2016

Prep Date: 02/25/2026 5:30 PM

| Parameter(s) | Results | Qualifier | D.F. | Units | Limit | Analyzed: | Container: |
|-----------------|---------|-----------|------|-------|--------|------------------|-------------|
| E.coli | Absent | | 1 | | Absent | 02/26/2026 11:30 | 003 SP5T1/1 |
| Total Coliforms | Absent | | 1 | | Absent | 02/26/2026 11:30 | 003 SP5T1/1 |

Qualifiers:

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 J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range
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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District
PO Box 1013
Hampton Bays, NY 11946
Attn To : Keith Tuthill

Lab No. : 70408343004
Client Sample ID.: S-108066

Federal ID : 5103704
 Collected : 02/25/2026 08:30 AM Point S-108066
 Received : 02/25/2026 04:40 PM Location Well #4-2
 Collected By Hampton Bays

Analytical Method:EPA 200.7

| Parameter(s) | Results | Qualifier | D.F. | Units | Limit | Analyzed: | Container: |
|--------------|---------|-----------|------|-------|-------|--------------------|-------------|
| Iron | 1.4* | | 1 | mg/L | 0.3 | 03/05/2026 4:18 PM | 004 BP3N1/1 |
| Manganese | 0.21 | | 1 | mg/L | 0.3 | 03/05/2026 4:18 PM | 004 BP3N1/1 |

Analytical Method:Field Method

| Parameter(s) | Results | Qualifier | D.F. | Units | Limit | Analyzed: | Container: |
|-------------------------|---------|-----------|------|-------|-------|--------------------|-------------|
| Field Residual Chlorine | <0.1 | N3 | 1 | mg/L | 4 | 02/25/2026 8:30 AM | 004 SP5T1/1 |

Analytical Method:SM 9223B-2016

Prep Method: SM 9223B-2016

Prep Date: 02/25/2026 5:30 PM

| Parameter(s) | Results | Qualifier | D.F. | Units | Limit | Analyzed: | Container: |
|-----------------|---------|-----------|------|-------|--------|------------------|-------------|
| E.coli | Absent | | 1 | | Absent | 02/26/2026 11:30 | 004 SP5T1/1 |
| Total Coliforms | Absent | | 1 | | Absent | 02/26/2026 11:30 | 004 SP5T1/1 |

Qualifiers:

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 J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range
 U - Indicates the compound was analyzed for, but not detected
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Sample Information:

Type: Drinking Water
 Origin: Effluent
 Routine

Hampton Bays Water District

PO Box 1013

Hampton Bays, NY 11946

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 02/25/2026 08:50 AM Point POST IRON

Received : 02/25/2026 04:40 PM Location 4 FIELD

Collected By Hampton Bays

Lab No. : 70408343005

Client Sample ID.: POST IRON EFFLUENT 4 FIELD

Analytical Method:EPA 200.7

| <u>Parameter(s)</u> | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | <u>Analyzed:</u> | <u>Container:</u> |
|---------------------|----------------|------------------|-------------|--------------|--------------|--------------------|-------------------|
| Iron | <0.020 | | 1 | mg/L | 0.3 | 03/05/2026 4:20 PM | 005 BP3N1/1 |
| Manganese | <0.010 | | 1 | mg/L | 0.3 | 03/05/2026 4:20 PM | 005 BP3N1/1 |

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

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J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 03/06/2026

Michelle Cohen

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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District
PO Box 1013
Hampton Bays, NY 11946
Attn To : Keith Tuthill

Lab No. : 70408343006
Client Sample ID.: S-58351

Federal ID : 5103704
 Collected : 02/25/2026 09:10 AM Point S-58351
 Received : 02/25/2026 04:40 PM Location Well #3-2
 Collected By Hampton Bays

Analytical Method:EPA 200.7

| Parameter(s) | Results | Qualifier | D.F. | Units | Limit | Analyzed: | Container: |
|--------------|---------|-----------|------|-------|-------|--------------------|-------------|
| Iron | 2.2* | | 1 | mg/L | 0.3 | 03/05/2026 4:21 PM | 006 BP3N1/1 |
| Manganese | 0.064 | | 1 | mg/L | 0.3 | 03/05/2026 4:21 PM | 006 BP3N1/1 |

Analytical Method:Field Method

| Parameter(s) | Results | Qualifier | D.F. | Units | Limit | Analyzed: | Container: |
|-------------------------|---------|-----------|------|-------|-------|--------------------|-------------|
| Field Residual Chlorine | <0.1 | N3 | 1 | mg/L | 4 | 02/25/2026 9:10 AM | 006 SP5T1/1 |

Analytical Method:SM 9223B-2016

Prep Method: SM 9223B-2016

Prep Date: 02/25/2026 5:30 PM

| Parameter(s) | Results | Qualifier | D.F. | Units | Limit | Analyzed: | Container: |
|-----------------|---------|-----------|------|-------|--------|------------------|-------------|
| E.coli | Absent | | 1 | | Absent | 02/26/2026 11:30 | 006 SP5T1/1 |
| Total Coliforms | Absent | | 1 | | Absent | 02/26/2026 11:30 | 006 SP5T1/1 |

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Sample Information:

Type: Drinking Water
 Origin: Raw Well
 Routine

Hampton Bays Water District

PO Box 1013

Hampton Bays, NY 11946

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 02/25/2026 09:25 AM Point S-58352

Received : 02/25/2026 04:40 PM Location Well #3-3

Collected By Hampton Bays

Lab No. : 70408343007

Client Sample ID.: S-58352

Analytical Method:Field Method

| <u>Parameter(s)</u> | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | <u>Analyzed:</u> | <u>Container:</u> |
|-------------------------|----------------|------------------|-------------|--------------|--------------|--------------------|-------------------|
| Field Residual Chlorine | <0.1 | N3 | 1 | mg/L | 4 | 02/25/2026 9:25 AM | 007 SP5T1/1 |

Analytical Method:SM 9223B-2016

Prep Method: SM 9223B-2016

Prep Date: 02/25/2026 5:30 PM

| <u>Parameter(s)</u> | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | <u>Analyzed:</u> | <u>Container:</u> |
|---------------------|----------------|------------------|-------------|--------------|--------------|------------------|-------------------|
| E.coli | Absent | | 1 | | Absent | 02/26/2026 11:30 | 007 SP5T1/1 |
| Total Coliforms | Absent | | 1 | | Absent | 02/26/2026 11:30 | 007 SP5T1/1 |

Qualifiers:

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Sample Information:

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 Origin: Raw Well
 Routine

Hampton Bays Water District

PO Box 1013

Hampton Bays, NY 11946

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 02/25/2026 09:40 AM Point S-58350

Received : 02/25/2026 04:40 PM Location Well #3-1

Collected By Hampton Bays

Lab No. : 70408343008

Client Sample ID.: S-58350

Analytical Method:Field Method

| <u>Parameter(s)</u> | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | <u>Analyzed:</u> | <u>Container:</u> |
|-------------------------|----------------|------------------|-------------|--------------|--------------|--------------------|-------------------|
| Field Residual Chlorine | <0.1 | N3 | 1 | mg/L | 4 | 02/25/2026 9:40 AM | 008 SP5T1/1 |

Analytical Method:SM 9223B-2016

Prep Method: SM 9223B-2016

Prep Date: 02/25/2026 5:30 PM

| <u>Parameter(s)</u> | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | <u>Analyzed:</u> | <u>Container:</u> |
|---------------------|----------------|------------------|-------------|--------------|--------------|------------------|-------------------|
| E.coli | Absent | | 1 | | Absent | 02/26/2026 11:30 | 008 SP5T1/1 |
| Total Coliforms | Absent | | 1 | | Absent | 02/26/2026 11:30 | 008 SP5T1/1 |

Qualifiers:

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 Origin: Raw Well
 Routine

Hampton Bays Water District

PO Box 1013

Hampton Bays, NY 11946

Attn To : Keith Tuthill

Federal ID : 5103704

Collected : 02/25/2026 10:15 AM Point S-127163

Received : 02/25/2026 04:40 PM Location Well #5-1

Collected By Hampton Bays

Lab No. : 70408343009

Client Sample ID.: S-127163

Analytical Method:Field Method

| <u>Parameter(s)</u> | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | <u>Analyzed:</u> | <u>Container:</u> |
|-------------------------|----------------|------------------|-------------|--------------|--------------|------------------|-------------------|
| Field Residual Chlorine | <0.1 | N3 | 1 | mg/L | 4 | 02/25/2026 10:15 | 009 SP5T1/1 |

Analytical Method:SM 9223B-2016

Prep Method: SM 9223B-2016

Prep Date: 02/25/2026 5:30 PM

| <u>Parameter(s)</u> | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | <u>Analyzed:</u> | <u>Container:</u> |
|---------------------|----------------|------------------|-------------|--------------|--------------|------------------|-------------------|
| E.coli | Absent | | 1 | | Absent | 02/26/2026 11:30 | 009 SP5T1/1 |
| Total Coliforms | Absent | | 1 | | Absent | 02/26/2026 11:30 | 009 SP5T1/1 |

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WorkOrder :
70408343

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



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WorkOrder :

70408343

Additional Qualifiers

N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.

WO#: 70408343

Client Name: HBW

Project #

PM: MC1

Due Date: 03/09/26

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: TA24 Correction Factor: 40.1 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 2/25/26

Temp should be above freezing to 2.0°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: 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 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 | |
| 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: | <u>SL</u> <u>WT</u> <u>OIL</u> OTHER | |

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

| | | |
|--|--|--|
| All containers needing preservation have been pH paper Lot # <u>210535</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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. Positive for Res. Chlorine? Y N |
| Residual chlorine strips Lot # | | |
| SM 4500 CN samples checked for sulfide | <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.