



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
18B Ponquogue Ave.
PO Box 1013
Hampton Bays, NY 11946
Attn To : Keith Tuthill
 Federal ID : 5103704

Lab Project No. : 70409743

Received :03/04/26 4:40 PM
 Sample Type :Drinking Water

Date Reported:03/11/2026

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
70409743001	HB9 Routine Distribution SO. Town Highway Dept. Jackson Ave.	3/4/26 7:45:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 3/5/26 11:30:00 AM	Absent 3/5/26 11:30:00 AM	0.53 3/4/26 7:45:00 AM
70409743002	HB2 Routine Distribution R. Loetscher Wakeman Rd.	3/4/26 8:10:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 3/5/26 11:30:00 AM	Absent 3/5/26 11:30:00 AM	0.50 3/4/26 8:10:00 AM
70409743003	HB3 Routine Distribution U.S.C.G. Foster Ave.	3/4/26 8:30:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 3/5/26 11:30:00 AM	Absent 3/5/26 11:30:00 AM	0.52 3/4/26 8:30:00 AM
70409743004	HB4 Routine Distribution H.B. Elem School Ponquogue Ave.	3/4/26 8:45:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 3/5/26 11:30:00 AM	Absent 3/5/26 11:30:00 AM	0.56 3/4/26 8:45:00 AM
70409743005	HB5 Routine Distribution H.B. High School Argonne Rd.	3/4/26 9:12:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 3/5/26 11:30:00 AM	Absent 3/5/26 11:30:00 AM	0.61 3/4/26 9:12:00 AM
70409743006	HB8 Routine Distribution B. McCormack Bittersweet Ave.	3/4/26 9:34:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 3/5/26 11:30:00 AM	Absent 3/5/26 11:30:00 AM	0.69 3/4/26 9:34:00 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 :

70409743

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#: 70409743



70409743

(631) 674-3040 Fax: (631) 720-0700

Client Info:

Name or Code: Hampton Bays Water District
 Address: 18B Ponquogue Avenue
Hampton Bays, NY 11946
 Phone #: 631-728-0179
 Attn: Keith Tuthill Jr
 Proj. # or (Name): _____
 Bill To: _____
 Copies To: _____

**Sample Request Form
PUBLIC WATER SUPPLIER**

Date: 3/4/26

Collected By: Steve Gregory/George Valentino

Accepted By: [Signature] 3/4/26

Cooler Temp: 10.8 °C

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Sample Types

PW - Potable Water
 GW - Groundwater
 SW - Surface Water
 WW - Waste Water
 AQ - Aqueous
 S - Soil

Purpose

RO - Routine
 RE - Resample
 S - Special

Origin

D - Distribution
 RW - Raw Well
 TW - Treated Well
 T - Tank
 MW - Monitoring Well
 I - Influent
 E - Effluent

Treatment Types

AST - Air Stripper
 GAC - Granular Activated Charcoal
 N - Nitrate Removal Plant
 FE - Iron Removal Plant
 O - Other

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings		Analysis	Lab No.
						Cl ₂	pH/Temp		
3/4/26 7:45	PW	#9	D	---	RO	.53	7.22	Bacteria w/ Chlorine	
3/4/26 8:10	PW	#2	D	---	RO	.50	7.30	Bacteria w/ Chlorine	
3/4/26 8:30	PW	#3	D	---	RO	.52	7.22	Bacteria w/ Chlorine	
3/4/26 8:45	PW	#4	D	---	RO	.56	7.31	Bacteria w/ Chlorine	
3/4/26 9:12	PW	#5	D	---	RO	.61	7.38	Bacteria w/ Chlorine	
3/4/26 9:34	PW	#8	D	---	RO	.69	7.51	Bacteria w/ Chlorine	

Remarks:

[Handwritten Signature]
3/4/26
 Rec: NF Pace LI 3/4/26
16:40

WO#: 70409743

Client Name: HBW

Project #

PM: MC1

Due Date: 03/16/26

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: -0.1 Samples on ice, cooling process has begun

Cooler Temperature(°C): 0.8 Cooler Temperature Corrected(°C): 0.9 Date/Time 5035A kits placed in freezer: 3/4/26

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:

	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 <u>N/A</u>	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 <u>(WT)</u> OIL OTHER	

NF 3/5/26

Date and Initials of person checking preservation:

All containers needing preservation have been pH paper Lot # 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) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
Samples checked for dechlorination: KI starch test strips Lot # Residual chlorine strips Lot #	14. Positive for Res. Chlorine? Y N
SM 4500 CN samples checked for sulf Lead Acetate Strips Lot #	15. Positive for Sulfide? Y N
Headspace in ALK Bottle (>6mm): Headspace in VOA Vials (>6mm):	16.
Trip Blank Present: Trip Blank Custody Seals Present	17.

NF 3/5/26

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.