



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. : 70412551

Received :03/18/26 5:50 PM
 Sample Type :Drinking Water

Date Reported:03/24/2026

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
70412551001	HB6 Routine Distribution Strong Oil Montauk Hwy. East	3/18/26 8:14:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 3/19/26 11:55:00 AM	Absent 3/19/26 11:55:00 AM	0.68 3/18/26 8:14:00 AM
70412551002	HB27 Routine Distribution Suffolk Cty. Hwy. Dept. North Hwy.	3/18/26 8:36:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 3/19/26 11:55:00 AM	Absent 3/19/26 11:55:00 AM	0.74 3/18/26 8:36:00 AM
70412551003	HB7 Routine Distribution SO. Town Parks & Rec	3/18/26 8:55:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 3/19/26 11:55:00 AM	Absent 3/19/26 11:55:00 AM	0.65 3/18/26 8:55:00 AM
70412551004	HB10 Routine Distribution Pete's Deli Montauk Hwy. West	3/18/26 9:16:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 3/19/26 11:55:00 AM	Absent 3/19/26 11:55:00 AM	0.71 3/18/26 9:16:00 AM
70412551005	HB35 Routine Distribution Classic Beverage W. Montauk Hwy.	3/18/26 9:39:00 AM Collected by: Hampton Bays Water District	Analysis Time	Absent 3/19/26 11:55:00 AM	Absent 3/19/26 11:55:00 AM	0.74 3/18/26 9:39:00 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 :

70412551

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#: 70412551



70412551

(516) 674-3040 Fax: (631) 420-8436

Client Info:

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

**Sample Request Form
PUBLIC WATER SUPPLIER**

Date: 3/18/2026

Collected By: Steve Gregory/George Valentino

Accepted By: *Steve Gregory 3/18/26*

Cooler Temp: *0.6 °C*

REC: *ANNEXA Day PAGE 4 3/18/26 1750*

WELL OFF LINE

WELL RUN TO SYSTEM

YES NO VOC'S PRESERVED WITH HCl

Sample Types	Purpose	Origin	Treatment Types
PW - Potable Water	RO - Reverse	D - Distribution	AST - Air Stripper
GW - Groundwater	RE - Resample	RW - Raw Well	GAC - Granular Activated Charcoal
SW - Surface Water	S - Special	TW - Treated Well	N - Nitrate Removal Plant
WW - Waste Water		T - Tank	FE - Iron Removal Plant
AQ - Aqueous		MW - Monitoring Well	O - Other
S - Soil		I - Influent	
		E - Effluent	

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂	pH/Temp	Analysis	Lab No.
3/18/26 8:14	PW	#6	D	---	RO	.68	7.87	Bacteria w/ Chlorine	
3/18/26 8:36	PW	#27	D	---	RO	.74	7.79	Bacteria w/ Chlorine	
3/18/26 8:55	PW	#7	D	---	RO	.65	7.91	Bacteria w/ Chlorine	
3/18/26 9:16	PW	#10	D	---	RO	.71	7.81	Bacteria w/ Chlorine	
3/18/26 9:39	PW	#35	D	---	RO	.74	7.85	Bacteria w/ Chlorine	
3/16/26 4:00 PM	PW	16 Hampton Harbor Rd (Hampton)	D	---	S			Lead and Copper	

Remarks:

WO#: 70412551
 PM: MC1 Due Date: 03/30/26
 CLIENT: HBW

Client Name: HBW Project # _____
 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: TH4 Correction Factor: 4.01 Samples on ice, cooling process has begun
 Cooler Temperature (°C): 0.6 Cooler Temperature Corrected (°C): 0.7 Date/Time 5035A kits placed in freezer: 3/18/26
 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 3/18/26

	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	11.
Filtered volume received for Dissolved tests: <input type="checkbox"/> Yes <input checked="" 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	

Date and Initials of person checking preservation: AD 3/18/26

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, <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl Sample # 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.
KI starch test strips Lot # 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.
Lead Acetate Strips Lot #	Positive for Sulfide? Y N
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	17.
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: _____ Field Data Required? Y / N
 Person Contacted: _____ Date/Time: _____
 Comments/ Resolution: _____

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