



REPORT OF ANALYSES

Town Of Chenango 1529 NY Route 12 Binghamton, NY 13905- Attn: Greg Burden

PROJECT NAME: Monthly Coliforms DATE: 01/05/2024

SAMPLE NUMBER- 906823 SAMPLE ID- Pennview WWTP SAMPLE MATRIX- WA DATE SAMPLED- 01/03/24 TIME SAMPLED- 0745 DATE RECEIVED- 01/03/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Row 1: Sample Receipt Temperature, SM9222B-15, 01/03/24, 1645, CES, 5.8 Degrees C. Row 2: Total Coliform, MF, SM9222B-15, 01/03/24, 1645, BLO, < 1 cfu/100ml

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (Terms and Conditions on Reverse Side) Barbara L. DuChene Laboratory Manager

Note: Reported result is negative.

The state sanitary code states that acceptable drinking water must contain no coliform bacteria. In order to be acceptable your sample must be "< 1". If your result is not "< 1" then you should call your local health department for advice on how to improve your water's quality.

E-Coli Not Present



REPORT OF ANALYSES

Town Of Chenango 1529 NY Route 12 Binghamton, NY 13905- Attn: Greg Burden

PROJECT NAME: Monthly Coliforms DATE: 01/05/2024

SAMPLE NUMBER- 906824 SAMPLE ID- 954 Front St Nirchis SAMPLE MATRIX- WA DATE SAMPLED- 01/03/24 TIME SAMPLED- 0800 DATE RECEIVED- 01/03/24 SAMPLER- Luke Mooney (T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1230 DELIVERED BY- Pat Davis (CES) TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature and Total Coliform, MF.

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene

(Terms and Conditions on Reverse Side)

Barbara L. DuChene Laboratory Manager

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E-Coli Not Present



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Town Of Chenango 1529 NY Route 12 Binghamton, NY 13905- Attn: Greg Burden

PROJECT NAME: Monthly Coliforms DATE: 01/05/2024

SAMPLE NUMBER- 906825 SAMPLE ID- 1290 Front St Sewer Plant SAMPLE MATRIX- WA DATE SAMPLED- 01/03/24 TIME SAMPLED- 0815 DATE RECEIVED- 01/03/24 SAMPLER- Luke Mooney (T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1230 DELIVERED BY- Pat Davis (CES) TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature and Total Coliform, MF.

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (Terms and Conditions on Reverse Side) Barbara L. DuChene Laboratory Manager

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Town Of Chenango  
1529 NY Route 12  
Binghamton, NY 13905-  
Attn: Greg Burden

PROJECT NAME: Monthly Coliforms  
DATE: 01/05/2024

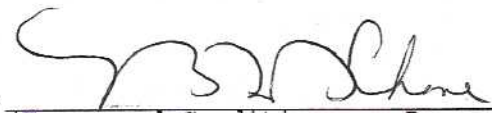
SAMPLE NUMBER- 906826    SAMPLE ID- Quinn Estates    SAMPLE MATRIX- WA  
DATE SAMPLED- 01/03/24    TIME SAMPLED- 0830  
DATE RECEIVED- 01/03/24    SAMPLER- Luke Mooney (T/O Chenango)    RECEIVED BY- RS  
TIME RECEIVED- 1230    DELIVERED BY- Pat Davis (CES)    TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		01/03/24		CES	5.8	Degrees C
Total Coliform, MF	SM9222B-15	01/03/24	1645	BLO	< 1	cfu/100ml

NYSDOH LAB ID NO. 11246

APPROVED BY:

  
(Terms and Conditions on Reverse Side)

**Barbara L. DuChene**  
Laboratory Manager

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**E-Coli Not Present**



REPORT OF ANALYSES

Town Of Chenango 1529 NY Route 12 Binghamton, NY 13905- Attn: Greg Burden

PROJECT NAME: Monthly Coliforms DATE: 01/05/2024

SAMPLE NUMBER- 906827 SAMPLE ID- CB Medical SAMPLE MATRIX- WA DATE SAMPLED- 01/03/24 TIME SAMPLED- 0845 DATE RECEIVED- 01/03/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Row 1: Sample Receipt Temperature, SM9222B-15, 01/03/24, 1645, BLO, 5.8 Degrees C. Row 2: Total Coliform, MF, SM9222B-15, 01/03/24, 1645, BLO, < 1 cfu/100ml

NYSDOH LAB ID NO. 11246

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REPORT OF ANALYSES

Town Of Chenango 1529 NY Route 12 Binghamton, NY 13905- Attn: Greg Burden

PROJECT NAME: Monthly Coliforms DATE: 01/05/2024

SAMPLE NUMBER- 906828 SAMPLE ID- 5 Kattleville Rd SAMPLE MATRIX- WA DATE SAMPLED- 01/03/24 TIME SAMPLED- 0900 DATE RECEIVED- 01/03/24 SAMPLER- Luke Mooney (T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1230 DELIVERED BY- Pat Davis (CES) TYPE SAMPLE- Grab

Page 1 of 1

Table with 7 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Rows include Sample Receipt Temperature and Total Coliform, MF.

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (Terms and Conditions on Reverse Side)

Barbara L. DuChene Laboratory Manager

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Town Of Chenango 1529 NY Route 12 Binghamton, NY 13905- Attn: Greg Burden

PROJECT NAME: Monthly Coliforms DATE: 01/05/2024

SAMPLE NUMBER- 906829 SAMPLE ID- 85 Poplar Hill Rd SAMPLE MATRIX- WA DATE SAMPLED- 01/03/24 TIME SAMPLED- 0915 DATE RECEIVED- 01/03/24 SAMPLER- Luke Mooney (T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1230 DELIVERED BY- Pat Davis (CES) TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature and Total Coliform, MF.

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (Terms and Conditions on Reverse Side)

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Town Of Chenango 1529 NY Route 12 Binghamton, NY 13905- Attn: Greg Burden

PROJECT NAME: Monthly Coliforms DATE: 01/05/2024

SAMPLE NUMBER- 906830 SAMPLE ID- 1249 River Rd SAMPLE MATRIX- WA DATE SAMPLED- 01/03/24 TIME SAMPLED- 0930 DATE RECEIVED- 01/03/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

Table with 7 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Row 1: Sample Receipt Temperature, SM9222B-15, 01/03/24, 1645, CES, 5.8 Degrees C. Row 2: Total Coliform, MF, SM9222B-15, 01/03/24, 1645, BLO, < 1 cfu/100ml

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Town Of Chenango 1529 NY Route 12 Binghamton, NY 13905- Attn: Greg Burden

PROJECT NAME: Monthly Coliforms DATE: 01/05/2024

SAMPLE NUMBER- 906831 SAMPLE ID- Ep 110 Applewood SAMPLE MATRIX- WA DATE SAMPLED- 01/03/24 TIME SAMPLED- 0945 DATE RECEIVED- 01/03/24 SAMPLER- Luke Mooney (T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1230 DELIVERED BY- Pat Davis (CES) TYPE SAMPLE- Grab

Page 1 of 1

Table with 7 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Rows include Sample Receipt Temperature and Total Coliform, MF.

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene

(Terms and Conditions on Reverse Side)

Barbara L. DuChene Laboratory Manager

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Town Of Chenango 1529 NY Route 12 Binghamton, NY 13905- Attn: Greg Burden

PROJECT NAME: Monthly Coliforms DATE: 01/05/2024

SAMPLE NUMBER- 906832 SAMPLE ID- 73 Pamela SAMPLE MATRIX- WA TIME SAMPLED- 1000 DATE RECEIVED- 01/03/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature and Total Coliform, MF.

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (Terms and Conditions on Reverse Side)

Barbara L. DuChene Laboratory Manager

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E-Coli Not Present





Certified  
Environmental  
Services, Inc.

7280 Caswell Street  
North Syracuse, NY 13212  
Phone 315-478-2374  
Fax 315-478-2107

### Sample Receiving Checklist

Client Name: Tlockenango

Batch Number: <u>K 8647</u>	Yes	No	If No Explain:
1. Proper Full and Complete Documentation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
2. Appropriate Sample Containers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
3. Adequate Sample Volume:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
4. Hold Time(OK):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
5. Proper Sample Labeling:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
6. Sample Temperature:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
7. Sample Received on Ice: (Not required for Bact)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
8. Preservation OK: ( <b>Microbiology See Below</b> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
9. Preservation Not Applicable:(ie: Solid/Sludge, Alk,BOD,TSS,TS,Cl,Fl,SO4,pH,Cond, etc):	<input type="checkbox"/>		
10. CES Sample Container(s): If not sure ask client	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

(If preservation required note Lot # associated with preservative if available.)

H<sub>2</sub>SO<sub>4</sub> WC    HNO<sub>3</sub> MT    NaOH WCSP    Ascorbic Acid WC  
 HCl WCSP    Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> WC    Other \_\_\_\_\_    Not Available

Microbiology:  Chlorinated Source (Sodium Thiosulfate)  
 Non-Chlorinated Source (No Sodium Thiosulfate)

Additional Comments/Client Correspondence \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sample(s) Received By: RS    Sample(s) Logged In By: [Signature]    Login Reviewed By: [Signature]

# CERTIFIED ENVIRONMENTAL SERVICES, INC.

## TERMS AND CONDITIONS

1. Services completed by Certified Environmental Services, Inc. are done so in general accordance with the environmental services and/or analytical industries recognized methods.
2. Certified Environmental Services, Inc. does not assume any other liabilities other than re-performance of the work if the completed services are determined to be deficient due to the negligence of Certified Environmental Services, Inc. Under no circumstances shall Certified Environmental Services, Inc., its employees, agents or sub-contractors be responsible for consequential or special damages of any kind or in any amount.
3. Any claim made must be done in writing within thirty (30) days of Certified Environmental Services, Inc.'s written report.
4. Certified Environmental Services, Inc. will not accept any liability in whole or in part as a result of data interpretation by the client.
5. All reports are submitted in writing to our customers only. Certified Environmental Services, Inc. will not be responsible for the accuracy of the contents of any report obtained by anyone other than our Client.
6. Invoices for services rendered are generated periodically as the work is completed. All invoices are due within thirty (30) days of the invoice date. Any discrepancy with an invoice must be reported to the accounts receivable department within fifteen (15) days of the invoice date. All balances over thirty (30) days will be subject to a 1-1/2% finance charge.
7. The terms and conditions set forth herein shall not be altered in any way unless done so in writing and signed by a Manager of Certified Environmental Services, Inc.

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### Qualifiers (Updated 09.12.2018):

ND-Not Detected at reporting limit	NR-Not Reported	NA-Not Available
H-Regulatory hold time exceeded	R-Duplication outside in-house acceptance limits	
B-Analyte detected in Method Blank	A-Preservation incomplete. Additional acid added to sample prior to analysis.	
DO-Spike Diluted Out	E-Estimate	MDL-Method Detection Limit
S-Spike recovery outside acceptance limits (+ is over – is under, results may be biased high or biased low)		
L-Laboratory Control Sample outside acceptance limits (+ is over – is under, results may be biased high or biased low)		

#- NYS ELAP does not offer accreditation for this parameter.

\*\*For Solid Waste analysis where there is no approved method, this is a laboratory developed method.

F - Filtration not performed within 15 minutes of sample collection as required by cited method.

E - Total Suspended Solids, Estimate. Residue on filter below method requirement of 2.5 mg.

E - Biochemical Oxygen Demand, Estimate. Depletion less than 2.0 as required by cited method.

X- Exceeds maximum contamination limit.