



REPORT OF ANALYSES

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

PROJECT NAME: Water Quality DATE: 02/16/2026

SAMPLE NUMBER- 968210 SAMPLE ID- EP 110 DATE SAMPLED- 02/04/26 DATE RECEIVED- 02/04/26 SAMPLER- Client TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0900 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature, Conductance @ 25degC (SM23), #pH at 21 degrees C, and Orthophosphate as P (SM22).

NYSDOH LAB ID NO. 11246

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

Barbara L. DuChene Laboratory Manager



REPORT OF ANALYSES

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

PROJECT NAME: Water Quality DATE: 02/16/2026

SAMPLE NUMBER- 968211 SAMPLE ID- EP 104 DATE SAMPLED- 02/04/26 DATE RECEIVED- 02/04/26 TIME RECEIVED- 1315 SAMPLER- Client DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0815 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Rows include Sample Receipt Temperature, Conductance @ 25degC (SM23), #pH at 21 degrees C, and Orthophosphate as P (SM22).

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene and printed name below it.

Barbara L. DuChene Laboratory Manager



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

PROJECT NAME: Water Quality DATE: 02/16/2026

SAMPLE NUMBER- 968212 SAMPLE ID- 85 Poplar Hill DATE SAMPLED- 02/04/26 DATE RECEIVED- 02/04/26 SAMPLER- Client TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0841 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with 7 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Rows include Sample Receipt Temperature, Conductance @ 25degC (SM23), #pH at 21 degrees C, and Orthophosphate as P (SM22).

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene

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Barbara L. DuChene Laboratory Manager



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

PROJECT NAME: Water Quality DATE: 02/16/2026

SAMPLE NUMBER- 968213 SAMPLE ID- 5 Kattelville Rd. DATE SAMPLED- 02/04/26 DATE RECEIVED- 02/04/26 SAMPLER- Client TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0830 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with 7 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Rows include Sample Receipt Temperature, Conductance @ 25degC (SM23), #pH at 21 degrees C, and Orthophosphate as P (SM22).

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

PROJECT NAME: Water Quality
DATE: 02/16/2026

SAMPLE NUMBER- 968214 SAMPLE ID- EP 110
DATE SAMPLED- 02/04/26
DATE RECEIVED- 02/04/26 SAMPLER- Client
TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA
TIME SAMPLED- 0900
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS			RESULT UNITS
		DATE	TIME	BY	
Sample Receipt Temperature		02/04/26		CES	1.4 Degrees C
Alkalinity as CaCO3 -11	SM 2320B	02/09/26		CD	
Alkalinity	SM 2320B	02/09/26		CD	225 mg/L CaCO3
Alkalinity Final pH	SM 2320B	02/09/26		CD	4.5 std units

NYSDOH LAB ID NO. 11246

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Laboratory Manager



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

PROJECT NAME: Water Quality DATE: 02/16/2026

SAMPLE NUMBER- 968215 SAMPLE ID- EP 104 DATE SAMPLED- 02/04/26 DATE RECEIVED- 02/04/26 SAMPLER- Client TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0815 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature, Alkalinity as CaCO3 -11, Alkalinity, and Alkalinity Final pH.

NYSDOH LAB ID NO. 11246

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PROJECT NAME: Water Quality DATE: 02/16/2026

SAMPLE NUMBER- 968216 SAMPLE ID- 85 Poplar Hill DATE SAMPLED- 02/04/26 DATE RECEIVED- 02/04/26 SAMPLER- Client TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0841 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature, Alkalinity as CaCO3 -11, Alkalinity, and Alkalinity Final pH.

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

PROJECT NAME: Water Quality DATE: 02/16/2026

SAMPLE NUMBER- 968217 SAMPLE ID- 5 Kattelville Rd. SAMPLE MATRIX- WA DATE SAMPLED- 02/04/26 TIME SAMPLED- 0830 DATE RECEIVED- 02/04/26 SAMPLER- Client RECEIVED BY- EM TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature, Alkalinity as CaCO3 -11, Alkalinity, and Alkalinity Final pH.

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

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SAMPLE NUMBER- 968218 SAMPLE ID- EP 110 SAMPLE MATRIX- WA DATE SAMPLED- 02/04/26 TIME SAMPLED- 0900 DATE RECEIVED- 02/04/26 SAMPLER- Client RECEIVED BY- EM TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak TYPE SAMPLE- Grab

Page 1 of 1

Table with 8 columns: ANALYSIS, METHOD, SAMPLE PREP DATE, ANALYSIS BY DATE, TIME, BY, RESULT, UNITS. Rows include Calcium Hardness and Calcium, Total.

NYSDOH LAB ID NO. 11246

APPROVED BY:

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SAMPLE NUMBER- 968219 SAMPLE ID- EP 104 DATE SAMPLED- 02/04/26 DATE RECEIVED- 02/04/26 TIME RECEIVED- 1315 SAMPLER- Client DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0815 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with columns: ANALYSIS, METHOD, SAMPLE PREP DATE, ANALYSIS BY DATE, TIME, BY, RESULT, UNITS. Rows include Calcium Hardness and Calcium, Total.

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

PROJECT NAME: Water Quality DATE: 02/16/2026

SAMPLE NUMBER- 968220 SAMPLE ID- 85 Poplar Hill DATE SAMPLED- 02/04/26 DATE RECEIVED- 02/04/26 SAMPLER- Client TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0841 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with 8 columns: ANALYSIS, METHOD, SAMPLE DATE, PREP BY, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Calcium Hardness and Calcium, Total.

NYSDOH LAB ID NO. 11246

APPROVED BY:

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

PROJECT NAME: Water Quality DATE: 02/16/2026

SAMPLE NUMBER- 968221 SAMPLE ID- 5 Kattelville Rd DATE SAMPLED- 02/04/26 DATE RECEIVED- 02/04/26 SAMPLER- Client TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0830 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with 7 columns: ANALYSIS, METHOD, DATE, BY, DATE, TIME, BY, RESULT UNITS. Rows include Calcium Hardness and Calcium, Total with corresponding EPA methods and results.

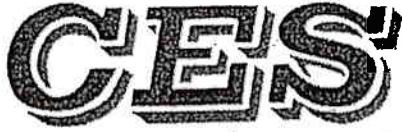
NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene

(Terms and Conditions on Reverse Side)

Barbara L. DuChene Laboratory Manager



Certified
Environmental
Services, Inc.

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

Sample Receiving Checklist

Client Name: 710 Chenango

Batch Number: <u>M7588</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: (Microbiology See Below)	<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.)

H₂SO₄ WC HNO₃ MT 412 NaOH WCSP Ascorbic Acid WC
 HCl WCSP Na₂S₂O₃ WC Other _____ Not Available

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

Additional Comments/Client Correspondence _____

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



REPORT OF ANALYSES

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

PROJECT NAME: Water Quality DATE: 02/16/2026

SAMPLE NUMBER- 968222 SAMPLE ID- DS 117 DATE SAMPLED- 02/04/26 DATE RECEIVED- 02/04/26 SAMPLER- Client TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0902 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with 7 columns: ANALYSIS, METHOD, DATE, TIME, BY, RESULT, UNITS. Rows include Sample Receipt Temperature, Conductance @ 25degC (SM23), #pH at 21 degrees C, and Orthophosphate as P (SM22).

NYSDOH LAB ID NO. 11246

APPROVED BY:

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

PROJECT NAME: Water Quality
DATE: 02/16/2026

SAMPLE NUMBER- 968223 SAMPLE ID- DS 117
DATE SAMPLED- 02/04/26
DATE RECEIVED- 02/04/26 SAMPLER- Client
TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA
TIME SAMPLED- 0902
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS			RESULT UNITS
		DATE	TIME	BY	
Sample Receipt Temperature		02/04/26		CES	1.4 Degrees C
Alkalinity as CaCO3 -11	SM 2320B	02/16/26		CD	
Alkalinity	SM 2320B	02/16/26		CD	220 mg/L CaCO3
Alkalinity Final pH	SM 2320B	02/16/26		CD	4.5 std units

NYSDOH LAB ID NO. 11246

APPROVED BY:

(Terms and Conditions on Reverse Side)

**Barbara L. DuChene
Laboratory Manager**



REPORT OF ANALYSES

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

PROJECT NAME: Water Quality DATE: 02/16/2026

SAMPLE NUMBER- 968224 SAMPLE ID- DS 117 DATE SAMPLED- 02/04/26 DATE RECEIVED- 02/04/26 SAMPLER- Client TIME RECEIVED- 1315 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0902 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with 8 columns: ANALYSIS, METHOD, SAMPLE PREP DATE, ANALYSIS BY DATE, TIME, BY, RESULT, UNITS. Rows include Calcium Hardness and Calcium, Total.

NYSDOH LAB ID NO. 11246

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Barbara L. DuChene Laboratory Manager



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

Sample Receiving Checklist

Client Name: 710 Chenango

- | Batch Number: <u>07589</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: (Microbiology See Below) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Preservation Not Applicable:(ie: Solid/Sludge, Alk,BOD,TSS,TS,Cl,F1,SO4,pH,Cond, etc): | <input type="checkbox"/> | <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.)

H₂SO₄ WC HNO₃ MT 412 NaOH WCSP Ascorbic Acid WC
 HCl WCSP Na₂S₂O₃ WC Other _____ Not Available

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

Additional Comments/Client Correspondence _____

Sample(s) Received By: Em Sample(s) Logged In By: TR Login Reviewed By: BCD

DOCUMENT ID: SRCL072522

Approved by: RRB

Date Put In Place: 11/28/23

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.

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.