



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 03/05/2026

SAMPLE NUMBER- 970321 SAMPLE ID- 1/Pennview WWTP
DATE SAMPLED- 03/04/26
DATE RECEIVED- 03/04/26 SAMPLER- Client
TIME RECEIVED- 1325 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA
TIME SAMPLED- 0715
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		03/04/26		CES	1.4	Degrees C
Total Coliform	Colilert	03/04/26	1607	BLO	< 1	cfu/100ml

NYSDOH LAB ID NO. 11246

APPROVED BY:

(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. This sample meets NYS Standards for Total Coliform.

E-Coli Not Present

A copy of this report was sent
to the NYS Health Dept.



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms DATE: 03/05/2026

SAMPLE NUMBER- 970322 SAMPLE ID- 2/Nirchis 954 Front St. SAMPLE MATRIX- WA DATE SAMPLED- 03/04/26 TIME SAMPLED- 0726 DATE RECEIVED- 03/04/26 SAMPLER- Client RECEIVED BY- EM TIME RECEIVED- 1325 DELIVERED BY- Jack Plewak TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Row 1: Sample Receipt Temperature, Colilert, 03/04/26, 1607, BLO, 1.4 Degrees C. Row 2: Total Coliform, Colilert, 03/04/26, 1607, BLO, < 1 cfu/100ml

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene and printed name Barbara L. DuChene with note (Terms and Conditions on Reverse Side)

Laboratory Manager

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

PROJECT NAME: Monthly Coliforms DATE: 03/05/2026

SAMPLE NUMBER- 970323 SAMPLE ID- 3/1290 Front St. DATE SAMPLED- 03/04/26 DATE RECEIVED- 03/04/26 TIME RECEIVED- 1325 SAMPLER- Client DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0730 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Row 1: Sample Receipt Temperature, Colilert, 03/04/26, 1607, CES, 1.4 Degrees C. Row 2: Total Coliform, Colilert, 03/04/26, 1607, 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: 03/05/2026

SAMPLE NUMBER- 970324 SAMPLE ID- 4/Quinn Estates WWTP SAMPLE MATRIX- WA DATE SAMPLED- 03/04/26 TIME SAMPLED- 0700 DATE RECEIVED- 03/04/26 SAMPLER- Client RECEIVED BY- EM TIME RECEIVED- 1325 DELIVERED BY- Jack Plewak TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Row 1: Sample Receipt Temperature, Colilert, 03/04/26, 1607, CES, 1.4 Degrees C. Row 2: Total Coliform, Colilert, 03/04/26, 1607, BLO, 1 cfu/100ml

NYSDOH LAB ID NO. 11246

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(Terms and Conditions on Reverse Side)

Barbara L. DuChene Laboratory Manager

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MUG-Test 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: 03/05/2026

SAMPLE NUMBER- 970325 SAMPLE ID- 5/CB Medical DATE SAMPLED- 03/04/26 DATE RECEIVED- 03/04/26 TIME RECEIVED- 1325 SAMPLER- Client DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0740 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

Table with 7 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Row 1: Sample Receipt Temperature, Colilert, 03/04/26, 1607, CES, BLO, 1.4 Degrees C. Row 2: Total Coliform, Colilert, 03/04/26, 1607, 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: 03/05/2026

SAMPLE NUMBER- 970326 SAMPLE ID- 6/5 Kattelville Rd. Mirabito SAMPLE MATRIX- WA DATE SAMPLED- 03/04/26 TIME SAMPLED- 0745 DATE RECEIVED- 03/04/26 SAMPLER- Client RECEIVED BY- EM TIME RECEIVED- 1325 DELIVERED BY- Jack Plewak TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Row 1: Sample Receipt Temperature, Colilert, 03/04/26, 1607, CES, 1.4 Degrees C. Row 2: Total Coliform, Colilert, 03/04/26, 1607, 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: 03/05/2026

SAMPLE NUMBER- 970327 SAMPLE ID- 7/85 Poplar Hill Rd. SAMPLE MATRIX- WA DATE SAMPLED- 03/04/26 TIME SAMPLED- 0756 DATE RECEIVED- 03/04/26 SAMPLER- Client RECEIVED BY- EM TIME RECEIVED- 1325 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 and Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY:

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(Terms and Conditions on Reverse Side)

Barbara L. DuChene Laboratory Manager

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PROJECT NAME: Monthly Coliforms DATE: 03/05/2026

SAMPLE NUMBER- 970328 SAMPLE ID- 8/1251 River Rd. DATE SAMPLED- 03/04/26 DATE RECEIVED- 03/04/26 TIME RECEIVED- 1325 SAMPLER- Client DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0810 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

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PROJECT NAME: Monthly Coliforms DATE: 03/05/2026

SAMPLE NUMBER- 970329 SAMPLE ID- 9/3 Matthews DATE SAMPLED- 03/04/26 DATE RECEIVED- 03/04/26 TIME RECEIVED- 1325 SAMPLER- Client DELIVERED BY- Jack Plewak

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

Page 1 of 1

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

PROJECT NAME: Monthly Coliforms DATE: 03/05/2026

SAMPLE NUMBER- 970330 SAMPLE ID- 10/73 Pamela Dr. DATE SAMPLED- 03/04/26 DATE RECEIVED- 03/04/26 TIME RECEIVED- 1325 SAMPLER- Client DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0852 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

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CHAIN OF CUSTODY RECORD (SEE BACK FOR TERMS & CONDITIONS)



Certified Environmental Services, Inc.

7280 Caswell St. (Hancock Air Park)
North Syracuse, New York 13212
Phone 315-478-2374
Fax 315-478-2107

CES BATCH NO: M053 PAGE OF
Turn-Around Time Standard 5 Working Days 3 Working Days
 2 Working Days 1 Working Days

CLIENT NAME: Town of Chenango
ADDRESS: 1529 NY Rt. 12
Binghamton, NY 13901
CONTACT NAME: Attn: Mr. Gregory Burden
CLIENT PHONE: _____ FAX: _____
PROJECT #/NAME/PO #: Monthly Coliforms

CES LOG NUMBERS (INTERNAL USE/DO NOT WRITE)	Collected		Matrix	Grab or Comp.	CLIENT DISAMPLE LOCATION	Number of Containers										Remarks		
	Date	Time				1	2	3	4	5	6	7	8	9	10			
970321	3/4/26	715	PW	Grab	Pennview WWTP	1	X											
322	3/4/26	726	PW	Grab	Nirchis 954 Fron St.	1	X											
323	3/4/26	730	PW	Grab	1290 Front St.	1	X											
324	3/4/26	700	PW	Grab	Quinn Estates WWTP	1	X											
325	3/4/26	740	PW	Grab	CB Medical	1	X											
326	3/4/26	745	PW	Grab	5 Katteville Rd. Mirabito	1	X											
327	3/4/26	756	PW	Grab	85 Poplar Hill Rd.	1	X											
328	3/4/26	810	PW	Grab	1251 River Rd	1	X											
329	3/4/26	830	PW	Grab	3 Matthews	1	X											
330	3/4/26	852	PW	Grab	73 Pamela Dr.	1	X											

Preservative Codes: A= Unpreserved B=H₂SO₄ C=HCl D=NaOH E=Ascorbic Acid F=HNO₃
G=Na₂S₂O₃ H= _____ I= _____

Sample bottle: Type Sterile Size 140 ml Preservative Code: G

Parameter and Method: T-Colliform

Samples Collected By: Name (Print): Gregory Burden Signature: _____ Company: TOC

RELINQUISHED BY: Name: Gregory Burden Date: 3/4/26 Time: 920 Signature: _____ RECEIVED BY: Name: Jack Plew Signature: _____

Name: Jack Plew Date: 3-4-26 Time: 1325 Signature: _____ Name: Emily McManus Signature: _____

Receipt Temperature: 1.4 °C



Sample Receiving Checklist

Client Name: T/O Chenango

Table with 4 columns: Item, Yes, No, If No Explain. Contains 10 checklist items related to sample documentation, containers, volume, hold time, labeling, temperature, ice, preservation, and container type.

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

H2SO4 WC HNO3 MT NaOH WCSP Ascorbic Acid WC

HCl WCSP Na2S2O3 WC Other Not Available

Microbiology: [checked] 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]

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.