



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms DATE: 03/07/2024

SAMPLE NUMBER- 910782 SAMPLE ID- Pennview WWTP SAMPLE MATRIX- WA DATE SAMPLED- 03/06/24 TIME SAMPLED- 0715 DATE RECEIVED- 03/06/24 SAMPLER- Luke Mooney (T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1240 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, 03/06/24, 1507, CES, BLO, 5.0 Degrees C. Row 2: Total Coliform, MF, SM9222B-15, 03/06/24, 1507, BLO, < 1 cfu/100ml

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene

(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



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms DATE: 03/07/2024

SAMPLE NUMBER- 910783 SAMPLE ID- 954 Front St. Nirchis SAMPLE MATRIX- WA DATE SAMPLED- 03/06/24 TIME SAMPLED- 0730 DATE RECEIVED- 03/06/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1240 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, 03/06/24, 1507, CES, BLO, 5.0 Degrees C. Row 2: Total Coliform, MF, 03/06/24, < 1 cfu/100ml

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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: 03/07/2024

SAMPLE NUMBER- 910784 SAMPLE ID- 1290 Front St. Plant SAMPLE MATRIX- WA DATE SAMPLED- 03/06/24 TIME SAMPLED- 0745 DATE RECEIVED- 03/06/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1240 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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REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms DATE: 03/07/2024

SAMPLE NUMBER- 910785 SAMPLE ID- Qwinn Estates WWTP SAMPLE MATRIX- WA DATE SAMPLED- 03/06/24 TIME SAMPLED- 0800 DATE RECEIVED- 03/06/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1240 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

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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



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms DATE: 03/07/2024

SAMPLE NUMBER- 910786 SAMPLE ID- CB Medical SAMPLE MATRIX- WA DATE SAMPLED- 03/06/24 TIME SAMPLED- 0815 DATE RECEIVED- 03/06/24 SAMPLER- Luke Mooney (T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1240 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, 03/06/24, 1507, CES, 5.0 Degrees C. Row 2: Total Coliform, MF, 03/06/24, BLO, < 1 cfu/100ml

NYSDOH LAB ID NO. 11246

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

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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: 03/07/2024

SAMPLE NUMBER- 910787 SAMPLE ID- 5 Rattleville Rd. Mirabito SAMPLE MATRIX- WA DATE SAMPLED- 03/06/24 TIME SAMPLED- 0825 DATE RECEIVED- 03/06/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1240 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

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Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Row 1: Sample Receipt Temperature, SM9222B-15, 03/06/24, 1507, CES, BLO, 5.0 Degrees C. Row 2: Total Coliform, MF, 03/06/24, 1507, BLO, < 1 cfu/100ml

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Barbara L. DuChene Laboratory Manager

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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: 03/07/2024

SAMPLE NUMBER- 910788 SAMPLE ID- 85 Poplar Hill Rd. SAMPLE MATRIX- WA DATE SAMPLED- 03/06/24 TIME SAMPLED- 0845 DATE RECEIVED- 03/06/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1240 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, 03/06/24, 1507, CES, BLO, 5.0 Degrees C. Row 2: Total Coliform, MF, 03/06/24, < 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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REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms DATE: 03/07/2024

SAMPLE NUMBER- 910789 SAMPLE ID- 1249 River Rd. SAMPLE MATRIX- WA DATE SAMPLED- 03/06/24 TIME SAMPLED- 0900 DATE RECEIVED- 03/06/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1240 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

Table with columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Row 1: Sample Receipt Temperature, SM9222B-15, 03/06/24, 1507, CES, BLO, 5.0 Degrees C. Row 2: Total Coliform, MF, 03/06/24, < 1, BLO, cfu/100ml

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



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms DATE: 03/07/2024

SAMPLE NUMBER- 910790 SAMPLE ID- EP 110 Applewood SAMPLE MATRIX- WA DATE SAMPLED- 03/06/24 TIME SAMPLED- 0915 DATE RECEIVED- 03/06/24 SAMPLER- Luke Mooney (T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1240 DELIVERED BY- Pat Davis (CES) TYPE SAMPLE- Grab

Page 1 of 1

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NYSDOH LAB ID NO. 11246

APPROVED BY:

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

(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: 03/07/2024

SAMPLE NUMBER- 910791 SAMPLE ID- 73 Pamela Dr. SAMPLE MATRIX- WA DATE SAMPLED- 03/06/24 TIME SAMPLED- 0930 DATE RECEIVED- 03/06/24 SAMPLER- Luke Mooney (T/O Chenango) RECEIVED BY- RS TIME RECEIVED- 1240 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, 03/06/24, 1507, CES, BLO, 5.0 Degrees C. Row 2: Total Coliform, MF, 03/06/24, 1507, BLO, < 1 cfu/100ml

NYSDOH LAB ID NO. 11246

APPROVED BY:

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Barbara L. DuChene Laboratory Manager

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E-Coli Not Present

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: 49771 PAGE OF
Turn-Around Time Standard 5 Working Days 3 Working Days
 2 Working Days 1 Working Days

Standard TAT is end of day, 10 working days after lab receipt. Samples received after 2 pm are considered next day business. Rush TAT subject to laboratory approval and surcharges.

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

CES LOG NUMBERS <small>(INTERNAL USE/DO NOT WRITE)</small>	Collected		Matrix	Grab or Comp.	CLIENT ID/SAMPLE LOCATION	Number of Containers										Remarks	
	Date	Time				1	2	3	4	5	6	7	8	9	10		
910782	3/6/24	7:15 AM	PW	Grab	Pennicus WWTP	1	X										7 10.55
783		7:30 AM	PW	Grab	954 Front St Nichols	1	X										2 10.77
784		7:45 AM	PW	Grab	1090 Front St plant	1	X										3 10.57
785		8:00 AM	PW	Grab	Quinn Estates WWTP	1	X										4 10.76
786		8:15 AM	PW	Grab	C.B. medical	1	X										5 10.89
787		8:25 AM	PW	Grab	5 Kettleville rd Mirabito	1	X										6 10.07
788		8:45 AM	PW	Grab	85 Poplar hill rd	1	X										7 10.68
789		9:00 AM	PW	Grab	1249 River rd	1	X										8 10.40
790		9:15 AM	PW	Grab	Ep 110 Applewood	1	X										9 10.57
791		9:30 AM	PW	Grab	73 park dr	1	X										10 10.47

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

Parameter and Method: T-Colliform Sample bottle: Sterile Size: 140 ml Preservative Code: G

Samples Collected By: Name (Print): Luke Mooney Signature: [Signature] Company: Town of Chenango

RELINQUISHED BY:	Date	Time	RECEIVED BY:
Name: <u>Luke Mooney</u> Signature: <u>[Signature]</u>	<u>3/6/24</u>	<u>10 AM</u>	Name: <u>Pat Davis</u> Signature: <u>[Signature]</u>
Name: <u>Pat Davis</u> Signature: <u>[Signature]</u>	<u>3/6</u>	<u>12:46</u>	Name: <u>[Signature]</u> Signature: <u>[Signature]</u>

Samples Received in Good Condition: Yes No Receipt Temperature: 5.0 °C



Sample Receiving Checklist

Client Name: Tlo Chencango

- Batch Number: 29771
1. Proper Full and Complete Documentation: [X] Yes [] No
2. Appropriate Sample Containers: [X] Yes [] No
3. Adequate Sample Volume: [X] Yes [] No
4. Hold Time(OK): [X] Yes [] No
5. Proper Sample Labeling: [X] Yes [] No
6. Sample Temperature: [X] Yes [] No
7. Sample Received on Ice: (Not required for Bact) [X] Yes [] No
8. Preservation OK: (Microbiology See Below) [X] Yes [] No
9. Preservation Not Applicable:(ie: Solid/Sludge, Alk,BOD,TSS,TS,Cl,Fl,SO4,pH,Cond, etc): []
10. CES Sample Container(s): If not sure ask client [X] Yes [] No

(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: [X] Chlorinated Source (Sodium Thiosulfate)
[] Non-Chlorinated Source (No Sodium Thiosulfate)

Additional Comments/Client Correspondence

Sample(s) Received By: TS Sample(s) Logged In By: TS Login Reviewed By: BLO

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.