CES Certified Environmental Services, Inc.

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

REPORT OF ANALYSES

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

PROJECT NAME: T-Coliform
DATE: 03/07/2026

SAMPLE NUMBER- 970652 SAMPLE ID- 1/5 Kattelville Rd. SAMPLE MATRIX- WA
DATE SAMPLED- 03/06/26 TIME SAMPLED- 0838
DATE RECEIVED- 03/06/26 SAMPLER- Client RECEIVED BY- RS
TIME RECEIVED- 1153 DELIVERED BY- Gregory Burden TYPE SAMPLE- Grab

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		03/06/26		CES	9.2	Degrees C
Total Coliform	Colilert	03/06/26	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

The analytical results on this sample are representative of the sample received by the Laboratory.

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

PROJECT NAME: T-Coliform
DATE: 03/07/2026

SAMPLE NUMBER- 970653 SAMPLE ID- 2/Quinn Estates SAMPLE MATRIX- WA
DATE SAMPLED- 03/06/26 TIME SAMPLED- 0810
DATE RECEIVED- 03/06/26 SAMPLER- Client RECEIVED BY- RS
TIME RECEIVED- 1153 DELIVERED BY- Gregory Burden TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		03/06/26		CES	9.2	Degrees C
Total Coliform	Colilert	03/06/26	1607	BLO	< 1	cfu/100ml

NYSDOH LAB ID NO. 11246 APPROVED BY: _____
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1529 NY Route 12
Binghamton, NY 13905-
Attn: Greg Burden

PROJECT NAME: T-Coliform
DATE: 03/07/2026

SAMPLE NUMBER- 970654 SAMPLE ID- 3/80 Theresa Blvd SAMPLE MATRIX- WA
DATE SAMPLED- 03/06/26 TIME SAMPLED- 0817
DATE RECEIVED- 03/06/26 SAMPLER- Client RECEIVED BY- RS
TIME RECEIVED- 1153 DELIVERED BY- Gregory Burden TYPE SAMPLE- Grab

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		03/06/26		CES	9.2	Degrees C
Total Coliform	Colilert	03/06/26	1607	BLO	< 1	cfu/100ml

NYSDOH LAB ID NO. 11246 APPROVED BY: _____
(Terms and Conditions on Reverse Side)

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Binghamton, NY 13905-
Attn: Greg Burden

PROJECT NAME: T-Coliform
DATE: 03/07/2026

SAMPLE NUMBER- 970655 SAMPLE ID- 4/53 Theresa Blvd SAMPLE MATRIX- WA
DATE SAMPLED- 03/06/26 TIME SAMPLED- 0830
DATE RECEIVED- 03/06/26 SAMPLER- Client RECEIVED BY- RS
TIME RECEIVED- 1153 DELIVERED BY- Gregory Burden TYPE SAMPLE- Grab

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		03/06/26		CES	9.2	Degrees C
Total Coliform	Colilert	03/06/26	1607	BLO	< 1	cfu/100ml

NYSDOH LAB ID NO. 11246 APPROVED BY: _____
(Terms and Conditions on Reverse Side)

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Laboratory Manager

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REPORT OF ANALYSES

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

PROJECT NAME: T-Coliform
DATE: 03/07/2026

SAMPLE NUMBER- 970656 SAMPLE ID- 5/6 Kattelville Rd. SAMPLE MATRIX- WA
DATE SAMPLED- 03/06/26 TIME SAMPLED- 0844
DATE RECEIVED- 03/06/26 SAMPLER- Client RECEIVED BY- RS
TIME RECEIVED- 1153 DELIVERED BY- Gregory Burden TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		03/06/26		CES	9.2	Degrees C
Total Coliform	Colilert	03/06/26	1607	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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Town Of Chenango
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Attn: Greg Burden

PROJECT NAME: T-Coliform
DATE: 03/07/2026

SAMPLE NUMBER- 970657 SAMPLE ID- 6/604 River Rd. SAMPLE MATRIX- WA
DATE SAMPLED- 03/06/26 TIME SAMPLED- 0851
DATE RECEIVED- 03/06/26 SAMPLER- Client RECEIVED BY- RS
TIME RECEIVED- 1153 DELIVERED BY- Gregory Burden TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		03/06/26		CES	9.2	Degrees C
Total Coliform	Colilert	03/06/26	1607	BLO	< 1	cfu/100ml

NYSDOH LAB ID NO. 11246 APPROVED BY: _____
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Laboratory Manager

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E-Coli Not Present

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

CES Certified Environmental Services, Inc.
7280 Caswell St. (Hancock Air Park)
North Syracuse, New York 13212
Phone 315-478-2374
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CES BATCH NO: M8232 PAGE ___ OF ___

Turn-Around Time: 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.

☐ 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 #: T-Coliform

CES LOG NUMBERS (INTERNAL USE/DO NOT WRITE)	Collected Date	Collected Time	Matrix	Grab or Comp.	CLIENT ID/SAMPLE LOCATION	Number of Containers	1	2	3	4	5	6	7	8	9	10	Remarks
970652	3/6/26	838	PW	Grab	1 5 Kattelville RD	1	X										
653	3/6/26	810			2 Quinn Estates	1	X										
654	3/6/26	817			3 80 theresa Blvd.	1	X										
655	3/6/26	830			4 53 theresa Blvd	1	X										
656	3/6/26	844			5 6 Kattelville RD	1	X										
657	3/6/26	851			6 604 River RD	1	X										

Parameter and Method:	Sample bottle: Type	Sample bottle: Size	Preservative Code:
1 T-Coliform	Sterile	140	6
2			
3			
4			
5			
6			
7			
8			
9			
10			

Preservative Codes: A= Unpreserved B=H_2SO_4 C=HCl D=NaOH E=Ascorbic Acid F=HNO_3 G=$Na_2S_2O_3$ H=_____ I=_____

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

Remarks:

RELINQUISHED BY:	Date	Time	RECEIVED BY:
Name: Gregory Burden	3/6/26	1153	Name:
Signature:			Signature:
Name:			Name:
Signature:			Signature:

Samples Received in Good Condition: ☒ Yes ☐ No

Receipt Temperature: 5.2 °C

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Sample Receiving Checklist

Client Name: TLO Chenango

Batch Number: M8232

	Yes	No	If No Explain:
1. Proper Full and Complete Documentation:	☑	☐	
2. Appropriate Sample Containers:	☑	☐	
3. Adequate Sample Volume:	☑	☐	
4. Hold Time(OK):	☑	☐	
5. Proper Sample Labeling:	☑	☐	
6. Sample Temperature:	☑	☐	
7. Sample Received on Ice: (Not required for Bact)	☑	☐	
8. Preservation OK: **(Microbiology See Below)**	☑	☐	
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	☑	☐	

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

H_2SO_4 **WC** HNO3 **MT** NaOH **WCSP** Ascorbic Acid **WC**

HCl **WCSP** $Na_2S_2O_3$ **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: RS Login Reviewed By: BLD

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.