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: Monthly Coliforms
DATE: 06/14/2024

SAMPLE NUMBER- 917696 SAMPLE ID- Pennview WWTP SAMPLE MATRIX- WA
DATE SAMPLED- 06/12/24 TIME SAMPLED- 0735
DATE RECEIVED- 06/12/24 SAMPLER- L. Mooney(T/O Chenango) RECEIVED BY- RRB
TIME RECEIVED- 1233 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		06/12/24		CES	5.9	Degrees C
Total Coliform, MF	SM9222B-15	06/12/24	1700	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.

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: Monthly Coliforms
DATE: 06/14/2024

SAMPLE NUMBER- 917697 SAMPLE ID- 954 Front St Nirchis SAMPLE MATRIX- WA
DATE SAMPLED- 06/12/24 TIME SAMPLED- 0745
DATE RECEIVED- 06/12/24 SAMPLER- L. Mooney(T/O Chenango) RECEIVED BY- RRB
TIME RECEIVED- 1233 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		06/12/24		CES	5.9	Degrees C
Total Coliform, MF	SM9222B-15	06/12/24	1700	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.

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: Monthly Coliforms
DATE: 06/14/2024

SAMPLE NUMBER- 917698 SAMPLE ID- 1290 Front St SAMPLE MATRIX- WA
DATE SAMPLED- 06/12/24 TIME SAMPLED- 0800
DATE RECEIVED- 06/12/24 SAMPLER- L. Mooney(T/O Chenango) RECEIVED BY- RRB
TIME RECEIVED- 1233 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		06/12/24		CES	5.9	Degrees C
Total Coliform, MF	SM9222B-15	06/12/24	1700	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.

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: Monthly Coliforms
DATE: 06/14/2024

SAMPLE NUMBER- 917699 SAMPLE ID- Quinn Estates WWTP SAMPLE MATRIX- WA
DATE SAMPLED- 06/12/24 TIME SAMPLED- 0720
DATE RECEIVED- 06/12/24 SAMPLER- L. Mooney(T/O Chenango) RECEIVED BY- RRB
TIME RECEIVED- 1233 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		06/12/24		CES	5.9	Degrees C
Total Coliform, MF	SM9222B-15	06/12/24	1700	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.

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: Monthly Coliforms
DATE: 06/14/2024

SAMPLE NUMBER- 917700 SAMPLE ID- CB Medical
DATE SAMPLED- 06/12/24
DATE RECEIVED- 06/12/24 SAMPLER- L. Mooney(T/O Chenango)
TIME RECEIVED- 1233 DELIVERED BY- Pat Davis(CES)

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

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		06/12/24		CES	5.9	Degrees C
Total Coliform, MF	SM9222B-15	06/12/24	1700	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.

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: Monthly Coliforms
DATE: 06/14/2024

SAMPLE NUMBER- 917701 SAMPLE ID- 5 Kattleville Rd Mirabito SAMPLE MATRIX- WA
DATE SAMPLED- 06/12/24 TIME SAMPLED- 0830
DATE RECEIVED- 06/12/24 SAMPLER- L. Mooney(T/O Chenango) RECEIVED BY- RRB
TIME RECEIVED- 1233 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		06/12/24		CES	5.9	Degrees C
Total Coliform, MF	SM9222B-15	06/12/24	1700	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.

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: Monthly Coliforms
DATE: 06/14/2024

SAMPLE NUMBER- 917702 SAMPLE ID- 85 Poplar Hill Rd SAMPLE MATRIX- WA
DATE SAMPLED- 06/12/24 TIME SAMPLED- 0840
DATE RECEIVED- 06/12/24 SAMPLER- L. Mooney(T/O Chenango) RECEIVED BY- RRB
TIME RECEIVED- 1233 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		06/12/24		CES	5.9	Degrees C
Total Coliform, MF	SM9222B-15	06/12/24	1700	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.

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: Monthly Coliforms
DATE: 06/14/2024

SAMPLE NUMBER- 917703 SAMPLE ID- 1249 River Rd SAMPLE MATRIX- WA
DATE SAMPLED- 06/12/24 TIME SAMPLED- 0920
DATE RECEIVED- 06/12/24 SAMPLER- L. Mooney(T/O Chenango) RECEIVED BY- RRB
TIME RECEIVED- 1233 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		06/12/24		CES	5.9	Degrees C
Total Coliform, MF	SM9222B-15	06/12/24	1700	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.

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: Monthly Coliforms
DATE: 06/14/2024

SAMPLE NUMBER- 917704 SAMPLE ID- EP 110 Applewood SAMPLE MATRIX- WA
DATE SAMPLED- 06/12/24 TIME SAMPLED- 0945
DATE RECEIVED- 06/12/24 SAMPLER- L. Mooney(T/O Chenango) RECEIVED BY- RRB
TIME RECEIVED- 1233 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		06/12/24		CES	5.9	Degrees C
Total Coliform, MF	SM9222B-15	06/12/24	1700	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.

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: Monthly Coliforms
DATE: 06/14/2024

SAMPLE NUMBER- 917705 SAMPLE ID- 73 Pamela Dr SAMPLE MATRIX- WA
DATE SAMPLED- 06/12/24 TIME SAMPLED- 1015
DATE RECEIVED- 06/12/24 SAMPLER- L. Mooney(T/O Chenango) RECEIVED BY- RRB
TIME RECEIVED- 1233 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		06/12/24		CES	5.9	Degrees C
Total Coliform, MF	SM9222B-15	06/12/24	1700	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.

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
Fax 315-478-2107

CES BATCH NO: L1869 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 #: Monthly Coliforms

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
917696	6/12/24	735 AM	PW	Grab	Pennview WWTP	1	X										1
917697		745 AM	PW	Grab	954 Front st N.vhis	1	X										2
917698		800 AM	PW	Grab	1290 Front st	1	X										3
917699		720 AM	PW	Grab	Quinn Estates WWTP	1	X										4
917700		815 AM	PW	Grab	CB Medical	1	X										5
917701		830 AM	PW	Grab	5 Kattlerville rd Marbleto	1	X										6
917702		840 AM	PW	Grab	85 Poplar Hill rd	1	X										7
917703		920 AM	PW	Grab	1249 River road	1	X										8
917704		945 AM	PW	Grab	Ep 110 Applewood	1	X										9
917705		1015 AM	PW	Grab	73 Pamela	1	X										10

	Parameter and Method:	Sample bottle: Type	Sample bottle: Size	Preservative Code:
1	T-Coliform	Sterile	140 ml	G
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): Luke Mooney
Signature: Luke Mooney
Company: Town of Chenango

Remarks:

RELINQUISHED BY:	Date	Time	RECEIVED BY:
Name: Luke Mooney	6/12/24	1030 AM	Name: Pat Davis
Signature: Luke Mooney			Signature: Pat Davis
Name: Pat Davis	6/12/24	1233	Name: Rachel RBorczyk
Signature: Pat Davis			Signature: Rachel Borczyk

Samples Received in Good Condition: ☐ Yes ☐ No

Receipt Temperature: 5.9 °C

CES Certified Environmental Services, Inc.

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

Sample Receiving Checklist

Client Name: T/O Chemango

Batch Number: L1869

	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** Yes Other _____ Not Available ☐

Microbiology: ☑ Chlorinated Source (Sodium Thiosulfate)

☐ Non-Chlorinated Source (No Sodium Thiosulfate)

Additional Comments/Client Correspondence _____

Sample(s) Received By: RRB Sample(s) Logged In By: BD Login Reviewed By: BD

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.