



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 06/18/2026

SAMPLE NUMBER- 978876 SAMPLE ID- Pennview WWTP
DATE SAMPLED- 06/17/26
DATE RECEIVED- 06/17/26 SAMPLER- Client
TIME RECEIVED- 1300 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA
TIME SAMPLED- 0716
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 and Total Coliform.

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: 06/18/2026

SAMPLE NUMBER- 978877 SAMPLE ID- Nirchis 954 Front St. SAMPLE MATRIX- WA DATE SAMPLED- 06/17/26 TIME SAMPLED- 0725 DATE RECEIVED- 06/17/26 SAMPLER- Client RECEIVED BY- EM TIME RECEIVED- 1300 DELIVERED BY- Jack Plewak TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature and Total Coliform.

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: 06/18/2026

SAMPLE NUMBER- 978878 SAMPLE ID- 1290 Front St. DATE SAMPLED- 06/17/26 DATE RECEIVED- 06/17/26 SAMPLER- Client TIME RECEIVED- 1300 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0732 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		06/17/26		CES	5.6 Degrees C
Total Coliform	Colilert	06/17/26	1620	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



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms DATE: 06/18/2026

SAMPLE NUMBER- 978879 SAMPLE ID- Quinn Estates WWTP SAMPLE MATRIX- WA DATE SAMPLED- 06/17/26 TIME SAMPLED- 0700 DATE RECEIVED- 06/17/26 SAMPLER- Client RECEIVED BY- EM TIME RECEIVED- 1300 DELIVERED BY- Jack Plewak TYPE SAMPLE- Grab

Page 1 of 1

Table with 5 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME BY, RESULT UNITS. Rows include Sample Receipt Temperature and Total Coliform.

NYSDOH LAB ID NO. 11246

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

Note: Reported result is positive.

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.

MUG-Test 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: 06/18/2026

SAMPLE NUMBER- 978880 SAMPLE ID- CB Medical DATE SAMPLED- 06/17/26 DATE RECEIVED- 06/17/26 TIME RECEIVED- 1300 SAMPLER- Client DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0748 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 and Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (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: 06/18/2026

SAMPLE NUMBER- 978881 SAMPLE ID- 5 Kattleville Rd. Mirabito SAMPLE MATRIX- WA DATE SAMPLED- 06/17/26 TIME SAMPLED- 0756 DATE RECEIVED- 06/17/26 SAMPLER- Client RECEIVED BY- EM TIME RECEIVED- 1300 DELIVERED BY- Jack Plewak TYPE SAMPLE- Grab

Page 1 of 1

Table with 5 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME BY, RESULT UNITS. Rows include Sample Receipt Temperature and Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (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: 06/18/2026

SAMPLE NUMBER- 978882 SAMPLE ID- 85 Poplar Hill Rd. SAMPLE MATRIX- WA DATE SAMPLED- 06/17/26 TIME SAMPLED- 0800 DATE RECEIVED- 06/17/26 SAMPLER- Client RECEIVED BY- EM TIME RECEIVED- 1300 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: [Signature] (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: 06/18/2026

SAMPLE NUMBER- 978883 SAMPLE ID- 1251 River Rd. DATE SAMPLED- 06/17/26 DATE RECEIVED- 06/17/26 SAMPLER- Client TIME RECEIVED- 1300 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0810 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 and Total Coliform.

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: 06/18/2026

SAMPLE NUMBER- 978884 SAMPLE ID- 3 Matthews SAMPLE MATRIX- WA DATE SAMPLED- 06/17/26 TIME SAMPLED- 0818 DATE RECEIVED- 06/17/26 SAMPLER- Client RECEIVED BY- EM TIME RECEIVED- 1300 DELIVERED BY- Jack Plewak TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature and Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (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: 06/18/2026

SAMPLE NUMBER- 978885 SAMPLE ID- 73 Pamela Dr. DATE SAMPLED- 06/17/26 DATE RECEIVED- 06/17/26 SAMPLER- Client TIME RECEIVED- 1300 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 and Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY:

Signature of 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

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

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

**CES** Certified Environmental Services, Inc.

CLIENT NAME: Town of Chenango  
 ADDRESS: 1529 NY Rt. 12  
 Binghamton, NY 13901  
 CONTACT NAME: Attn: Mr. Gregory Burden

CES BATCH NO: 20714 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.

CES LOG NUMBERS (INTERNAL USE DO NOT WRITE)	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			
978876	6/17/26	710 AM	PW	Grab	Pennview WWTP	1	X											
978877	6/17/26	725	PW	Grab	Nirchis 954 Fron St.	1	X											
978878	6/17/26	732	PW	Grab	1290 Front St.	1	X											
978879	6/17/26	700	PW	Grab	Quinn Estates WWTP	1	X											
978880	6/17/26	748	PW	Grab	CB Medical	1	X											
978881	6/17/26	756	PW	Grab	5 Katteville Rd. Mirabito	1	X											
978882	6/17/26	800	PW	Grab	85 Poplar Hill Rd.	1	X											
978883	6/17/26	810	PW	Grab	1251 River Rd	1	X											
978884	6/17/26	818	PW	Grab	3 Matthews	1	X											
978885	6/17/26	830	PW	Grab	73 Pamela Dr.	1	X											

CLIENT PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 PROJECT #/NAME/PO #: Monthly Coliforms

Preservative Codes: A= Unpreserved B=H<sub>2</sub>SO<sub>4</sub> C=HCl D=NaOH E=Ascorbic Acid F=HNO<sub>3</sub>  
 G=Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> H= \_\_\_\_\_ I= \_\_\_\_\_

Parameter and Method:  
 1 T-Colliform  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10

Sample bottle: Type \_\_\_\_\_ Size 140 ml  
 Sterile  
 Preservative Code: G  
 Samples Collected By: \_\_\_\_\_  
 Name (Print): Oregan Burden  
 Signature: \_\_\_\_\_  
 Company: IOC

RELINQUISHED BY: \_\_\_\_\_  
 Name: Oregan Burden  
 Signature: \_\_\_\_\_  
 Date: 6/17/26  
 Time: 900  
 RECEIVED BY: \_\_\_\_\_  
 Name: Sack Newark  
 Signature: J. Sack  
 Date: 6-17-26  
 Time: 1300  
 Name: Emily McManis  
 Signature: \_\_\_\_\_  
 Receipt Temperature: 5.6 °C



Sample Receiving Checklist

Client Name: TIO Chenango

Batch Number: NO714 Yes No If No Explain:

- 1. Proper Full and Complete Documentation: [checked]
2. Appropriate Sample Containers: [checked]
3. Adequate Sample Volume: [checked]
4. Hold Time(OK): [checked]
5. Proper Sample Labeling: [checked]
6. Sample Temperature: [checked]
7. Sample Received on Ice: (Not required for Bact) [checked]
8. Preservation OK: (Microbiology See Below) [ ]
9. Preservation Not Applicable:(ie: Solid/Sludge, Alk,BOD,TSS,TS,Cl,Fl,SO4,pH,Cond, etc): [checked]
10. CES Sample Container(s): If not sure ask client [checked]

(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.		