



REPORT OF ANALYSES

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

PROJECT NAME: Coliforms DATE: 06/20/2026

SAMPLE NUMBER- 979154 SAMPLE ID- 42 Theresa Blvd DATE SAMPLED- 06/19/26 DATE RECEIVED- 06/19/26 SAMPLER- Client TIME RECEIVED- 1118 DELIVERED BY- Grant Cannon

SAMPLE MATRIX- WA TIME SAMPLED- 0938 RECEIVED BY- EM TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS		RESULT	UNITS
		DATE	TIME BY		
Sample Receipt Temperature		06/19/26	CES	22.2	Degrees C
Total Coliform	Colilert	06/19/26	1610 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: Coliforms DATE: 06/20/2026

SAMPLE NUMBER- 979155 SAMPLE ID- 82 Theresa Blvd DATE SAMPLED- 06/19/26 DATE RECEIVED- 06/19/26 SAMPLER- Client TIME RECEIVED- 1118 DELIVERED BY- Grant Cannon

SAMPLE MATRIX- WA TIME SAMPLED- 0929 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] (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: Coliforms
DATE: 06/20/2026

SAMPLE NUMBER- 979156 SAMPLE ID- Quinn Estates WWTP SAMPLE MATRIX- WA
DATE SAMPLED- 06/19/26 TIME SAMPLED- 0918
DATE RECEIVED- 06/19/26 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1118 DELIVERED BY- Grant Cannon 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

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

Certified
 Environmental
 Services, Inc.



NOTES

CES BATCH NO: 10785 PAGE _____ OF _____
 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.
 Turn-Around Time
 Standard 5 Working Days 3 Working Days
 2 Working Days 1 Working Days

CLIENT NAME: Town of Chenango		CLIENT PHONE: _____ FAX: _____		Number of Containers										Remarks			
ADDRESS: 1529 NY Rt. 12		PROJECT #/NAME/PO #: Monthly Coliforms		1	2	3	4	5	6	7	8	9	10				
CONTACT NAME: Attn: Mr. Gregory Burden		Binghamton, NY 13901															
CES LOG NUMBERS (INTERVAL USED DO NOT WRITE)	Date	Time	Matrix	Grab or Comp.	CLIENT ID/SAMPLE LOCATION	Preservative Codes: A= Unpreserved B=H ₂ SO ₄ C=HCl D=NaOH E=Ascorbic Acid F=HNO ₃ G=Na ₂ S ₂ O ₃ H= _____ IF _____											
						1	2	3	4	5	6	7	8	9	10		
979154	6/19/02	9:38 am	PW	Grab	Pennview WWTP 42 THERESA												
155	6/19/02	9:29 am	PW	Grab	Niches 554 Front St. 82 THERESA												
			PW	Grab	1290 Front St.												
156	6/19/02	9:18 am	PW	Grab	Quinn Estates WWTP												
			PW	Grab	GB Medical												
			PW	Grab	5 Katterville Rd. Mirabito												
			PW	Grab	85 Poplar Hill Rd.												
			PW	Grab	1254 River Rd.												
			PW	Grab	3 Matthews												
			PW	Grab	73 Ramela Dr.												
Parameter and Method:		Sample bottle:		Preservative Code:		Remarks:											
1	T-Colliform	Sterile	Size 140 ml	G	Name (Print): Seth Messera Signature: <i>Seth Messera</i> Company: Town of Chenango												
2																	
3																	
4																	
5																	
6					RELINQUISHED BY: Date Time RECEIVED BY: Name: Seth Messera 9/16/02 9:50 am Name: Grant Garner Signature: <i>Seth Messera</i> Signature: <i>Grant Garner</i>												
7					Name: Grant Garner Name: Emily McManis Signature: <i>Grant Garner</i> Signature: <i>Emily McManis</i>												
8					6.19.02 11:18												
9					Receipt Temperature: 22.2 °C												
10					<input type="checkbox"/> Yes <input type="checkbox"/> No Samples Received in Good Condition:												

ryan@certifiedenvironmental.com

From: barb@certifiedenvironmental.com
Sent: Friday, June 19, 2026 8:42 AM
To: ryan@certifiedenvironmental.com; Emily McManus; Rachel Bonczyk
Subject: FW: T/O Chenango Monthly Coliforms 061726

See Below

Barbara L. DuChene
Laboratory Operations Manager/VP Laboratory Services
Certified Environmental Services, Inc.
7280 Caswell Street
North Syracuse, NY 13212
Ph: 315-478-2374 Ext. 312
Fax: 315-478-2107

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From: Gregory Burden <greg.burden@townofchenangony.gov>
Sent: Friday, June 19, 2026 8:37 AM
To: barb@certifiedenvironmental.com; Broome Co HD <broomelabresults@co.broome.ny.us>; Water Department <water@townofchenangony.gov>
Subject: Re: T/O Chenango Monthly Coliforms 061726

I will take a repeat sample and bring 3 up today for 24hr test. I'll try to get a guy to you by 12.

Thanks
Greg

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From: barb@certifiedenvironmental.com <barb@certifiedenvironmental.com>
Sent: Thursday, 18 June 2026 19:36:33
To: Broome Co HD <broomelabresults@co.broome.ny.us>; Gregory Burden <greg.burden@townofchenangony.gov>;
Water Department <water@townofchenangony.gov>
Subject: T/O Chenango Monthly Coliforms 061726

Quinn Estates WWTP is positive for T-Coliform

Barb



Certified
Environmental
Services, Inc.

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

Sample Receiving Checklist

Client Name: TLO Chenango

Batch Number: <u>10785</u>	Yes	No	If No Explain:
1. Proper Full and Complete Documentation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
2. Appropriate Sample Containers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
3. Adequate Sample Volume:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
4. Hold Time(OK):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
5. Proper Sample Labeling:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
6. Sample Temperature:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
7. Sample Received on Ice: (Not required for Bact)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
8. Preservation OK: (Microbiology See Below)	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Preservation Not Applicable:(ie: Solid/Sludge, Alk,BOD,TSS,TS,Cl,Fl,SO4,pH,Cond, etc):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
10. CES Sample Container(s): If not sure ask client	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

(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: Chlorinated Source (Sodium Thiosulfate)
 Non-Chlorinated Source (No Sodium Thiosulfate)

Additional Comments/Client Correspondence _____

Sample(s) Received By: EM Sample(s) Logged In By: RO 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.