



REPORT OF ANALYSES

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

PROJECT NAME: Water Quality DATE: 06/26/2024

SAMPLE NUMBER- 917706 SAMPLE ID- EP 110 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- 1000 RECEIVED BY- RRB TYPE SAMPLE- Grab

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Table with columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Rows include Sample Receipt Temperature, Conductance @ 25degC (SM23), #pH at 21 degrees C, and Orthophosphate as P (SM22).

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (Terms and Conditions on Reverse Side)

Barbara L. DuChene Laboratory Manager



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Table with 7 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Rows include Sample Receipt Temperature, Alkalinity as CaCO3 -11, Alkalinity, and Alkalinity Final pH.

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene

(Terms and Conditions on Reverse Side)

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SAMPLE MATRIX- WA TIME SAMPLED- 1000 RECEIVED BY- RRB TYPE SAMPLE- Grab

Page 1 of 1

Table with 7 columns: ANALYSIS, METHOD, SAMPLE DATE, PREP BY, ANALYSIS DATE, TIME, RESULT UNITS. Rows include Calcium Hardness and Calcium, Total.

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene

(Terms and Conditions on Reverse Side)

Barbara L. DuChene Laboratory Manager





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 Chenango

Batch Number: L1870

- |   | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | _____          |
| 9. Preservation Not Applicable:(ie: Solid/Sludge, Alk,BOD,TSS,TS,Cl,Fl,SO4,pH,Cond, etc): |                                     | <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.)

H<sub>2</sub>SO<sub>4</sub> WC    HNO<sub>3</sub> MT 300    NaOH WCSP    Ascorbic Acid WC  
HCl WCSP    Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> WC    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: RRB    Login Reviewed By: RRB

# 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.

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### 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.		