



**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: 07/12/2025

SAMPLE NUMBER- 950471 SAMPLE ID- Pennview WWTP
DATE SAMPLED- 07/09/25
DATE RECEIVED- 07/09/25 SAMPLER- Client
TIME RECEIVED- 1400 DELIVERED BY- Jack Plewak-CES

SAMPLE MATRIX- WA
TIME SAMPLED- 0745
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		07/09/25		CES	1.8 Degrees C
Total Coliform, MF	SM9222B-15	07/09/25	1644	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

**A copy of this report was sent
to the NYS Health Dept.**



**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: 07/12/2025

SAMPLE NUMBER- 950472 SAMPLE ID- Nirchis 954 Front St.
DATE SAMPLED- 07/09/25
DATE RECEIVED- 07/09/25 SAMPLER- Client
TIME RECEIVED- 1400 DELIVERED BY- Jack Plewak-CES

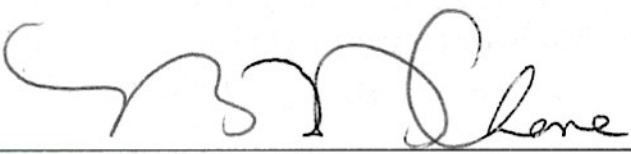
SAMPLE MATRIX- WA
TIME SAMPLED- 0735
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		07/09/25		CES	1.8	Degrees C
Total Coliform, MF	SM9222B-15	07/09/25	1644	BLO	< 1	cfu/100ml

NYSDOH LAB ID NO. 11246

APPROVED BY:

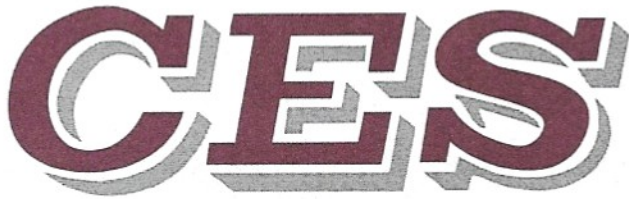

(Terms and Conditions on Reverse Side)
Barbara L. DuChene
Laboratory Manager

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

**A copy of this report was sent
to the NYS Health Dept.**



**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: 07/12/2025

SAMPLE NUMBER- 950473 SAMPLE ID- 1290 954 Front St.
DATE SAMPLED- 07/09/25
DATE RECEIVED- 07/09/25 SAMPLER- Client
TIME RECEIVED- 1400 DELIVERED BY- Jack Plewak-CES

SAMPLE MATRIX- WA
TIME SAMPLED- 0750
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		07/09/25		CES	1.8 Degrees C
Total Coliform, MF	SM9222B-15	07/09/25	1644	BLO	< 1 cfu/100ml

NYSDOH LAB ID NO. 11246

APPROVED BY:

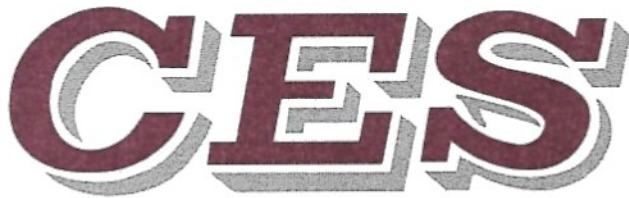

(Terms and Conditions on Reverse Side)
Barbara L. DuChene
Laboratory Manager

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

**A copy of this report was sent
to the NYS Health Dept.**



**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: 07/12/2025

SAMPLE NUMBER- 950474 SAMPLE ID- Quinn Estates WWTP
DATE SAMPLED- 07/09/25
DATE RECEIVED- 07/09/25 SAMPLER- Client
TIME RECEIVED- 1400 DELIVERED BY- Jack Plewak-CES

SAMPLE MATRIX- WA
TIME SAMPLED- 0730
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		07/09/25		CES	1.8 Degrees C
Total Coliform, MF	SM9222B-15	07/09/25	1644	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

**A copy of this report was sent
to the NYS Health Dept.**



**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: 07/12/2025

SAMPLE NUMBER- 950475 SAMPLE ID- CB Medical
DATE SAMPLED- 07/09/25
DATE RECEIVED- 07/09/25 SAMPLER- Client
TIME RECEIVED- 1400 DELIVERED BY- Jack Plewak-CES

SAMPLE MATRIX- WA
TIME SAMPLED- 0805
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		07/09/25		CES	1.8	Degrees C
Total Coliform, MF	SM9222B-15	07/09/25	1644	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

**A copy of this report was sent
to the NYS Health Dept.**



**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: 07/12/2025

SAMPLE NUMBER- 950476 SAMPLE ID- 5 Katteville Rd. Mirabito SAMPLE MATRIX- WA
DATE SAMPLED- 07/09/25 TIME SAMPLED- 0815
DATE RECEIVED- 07/09/25 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1400 DELIVERED BY- Jack Plewak-CES TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		07/09/25		CES	1.8 Degrees C
Total Coliform, MF	SM9222B-15	07/09/25	1644	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

**A copy of this report was sent
to the NYS Health Dept.**



**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: 07/12/2025

SAMPLE NUMBER- 950477 SAMPLE ID- 85 Poplar Hill Rd.
DATE SAMPLED- 07/09/25
DATE RECEIVED- 07/09/25 SAMPLER- Client
TIME RECEIVED- 1400 DELIVERED BY- Jack Plewak-CES

SAMPLE MATRIX- WA
TIME SAMPLED- 0820
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		07/09/25		CES	1.8 Degrees C
Total Coliform, MF	SM9222B-15	07/09/25	1644	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

**A copy of this report was sent
to the NYS Health Dept.**



**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: 07/12/2025

SAMPLE NUMBER- 950478 SAMPLE ID- 1251 River Rd.
DATE SAMPLED- 07/09/25
DATE RECEIVED- 07/09/25 SAMPLER- Client
TIME RECEIVED- 1400 DELIVERED BY- Jack Plewak-CES

SAMPLE MATRIX- WA
TIME SAMPLED- 0845
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		07/09/25		CES	1.8 Degrees C
Total Coliform, MF	SM9222B-15	07/09/25	1644	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

**A copy of this report was sent
to the NYS Health Dept.**



**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: 07/12/2025

SAMPLE NUMBER- 950479 SAMPLE ID- 3 Matthew's CT
DATE SAMPLED- 07/09/25
DATE RECEIVED- 07/09/25 SAMPLER- Client
TIME RECEIVED- 1400 DELIVERED BY- Jack Plewak-CES

SAMPLE MATRIX- WA
TIME SAMPLED- 0910
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		07/09/25		CES	1.8 Degrees C
Total Coliform, MF	SM9222B-15	07/09/25	1644	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

A copy of this report was sent
to the NYS Health Dept.



**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: 07/12/2025

SAMPLE NUMBER- 950480 SAMPLE ID- 73 Pamela Dr.
DATE SAMPLED- 07/09/25
DATE RECEIVED- 07/09/25 SAMPLER- Client
TIME RECEIVED- 1400 DELIVERED BY- Jack Plewak-CES

SAMPLE MATRIX- WA
TIME SAMPLED- 0925
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		07/09/25		CES	1.8 Degrees C
Total Coliform, MF	SM9222B-15	07/09/25	1644	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

**A copy of this report was sent
to the NYS Health Dept.**

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



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: 112185

PAGE 1 OF 1

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:		Remarks												
ADDRESS: 1529 NY Rt. 12		PROJECT #/NAME/PO #: Monthly Coliforms																
CONTACT NAME: Attn: Mr. Gregory Burden																		
CES LOG NUMBERS (INTERNAL USE/DO NOT WRITE)	Collected		Matrix	Grab or Comp.	CLIENT ID/SAMPLE LOCATION	Number of Containers												
	Date	Time				1	2	3	4	5	6	7	8	9	10			
1 950471	7/9/25	7:35 AM	PW	Grab	Pennview WWTP	1	X											
2 950472	7/9/25	7:35 AM	PW	Grab	Nirchis 954 Fron St.	1	X											
3 950473	7/9/25	7:50	PW	Grab	1290 Front St.	1	X											
4 950474	7/9/25	7:50	PW	Grab	Quinn Estates WWTP	1	X											
5 950475	7/9/25	8:05	PW	Grab	CB Medical	1	X											
6 950476	7/9/25	8:15	PW	Grab	5 Katteville Rd. Mirabito	1	X											
7 950477	7/9/25	8:20	PW	Grab	85 Poplar Hill Rd.	1	X											
8 950478	7/9/25	8:45	PW	Grab	1251 River Rd	1	X											
9 950479	7/9/25	9:10 AM	PW	Grab	EP 1400 <u>3 Matthews Ct</u>	1	X											
10 950480	7/9/25	9:25 AM	PW	Grab	73 Pamela Dr.	1	X											
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= I=				Preservative Code: G														
Sample bottle: Type Size				Sterile 140 ml														
Samples Collected By: <u>Greg Burden</u>				Name (Print): <u>Greg Burden</u>														
Signature: <u>[Signature]</u>				Signature: <u>[Signature]</u>														
Company: <u>Town of Chenango</u>				Company: <u>Town of Chenango</u>														
RELINQUISHED BY:				Date				Time				RECEIVED BY:						
Name: <u>Greg Burden</u>				7/9/25				10:00				Name: <u>Jack Hewak</u>						
Signature: <u>[Signature]</u>				7/9/25				11:55 AM				Signature: <u>[Signature]</u>						
Name: <u>Jack Hewak</u>				7-9-25				1400				Name: <u>Emily McManis</u>						
Signature: <u>[Signature]</u>				7-9-25				1400				Signature: <u>[Signature]</u>						
Samples Received in Good Condition: ☐ Yes ☐ No				Receipt Temperature: <u>1.8</u> °C														



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 Chango

Batch Number: M2185 Yes No If No Explain:

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

(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: EW Sample(s) Logged In By: RB Login Reviewed By: RB

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.