



**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 Coliform
DATE: 07/23/2026

SAMPLE NUMBER- 982468 SAMPLE ID- 1 Pennview WWTP
DATE SAMPLED- 07/22/26
DATE RECEIVED- 07/22/26 SAMPLER- Client
TIME RECEIVED- 1314 DELIVERED BY- Edgar Cruz

SAMPLE MATRIX- WA
TIME SAMPLED- 0855
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		07/22/26		CES	2.6	Degrees C
Total Coliform	Colilert	07/22/26	1350	JD	< 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.

E-Coli Not Present.



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PROJECT NAME: Monthly Coliform
DATE: 07/23/2026

SAMPLE NUMBER- 982469 SAMPLE ID- 2 Nirchis 954 Front St.
DATE SAMPLED- 07/22/26
DATE RECEIVED- 07/22/26 SAMPLER- Client
TIME RECEIVED- 1314 DELIVERED BY- Edgar Cruz

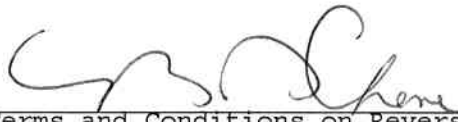
SAMPLE MATRIX- WA
TIME SAMPLED- 0830
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

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PROJECT NAME: Monthly Coliform
DATE: 07/23/2026

SAMPLE NUMBER- 982470 SAMPLE ID- 3 1290 Front St.
DATE SAMPLED- 07/22/26
DATE RECEIVED- 07/22/26 SAMPLER- Client
TIME RECEIVED- 1314 DELIVERED BY- Edgar Cruz

SAMPLE MATRIX- WA
TIME SAMPLED- 0840
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		07/22/26		CES	2.6 Degrees C
Total Coliform	Colilert	07/22/26	1350	JD	< 1 cfu/100ml

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PROJECT NAME: Monthly Coliform
DATE: 07/23/2026

SAMPLE NUMBER- 982471 SAMPLE ID- 4 Quinn Estates WWTP
DATE SAMPLED- 07/22/26
DATE RECEIVED- 07/22/26 SAMPLER- Client
TIME RECEIVED- 1314 DELIVERED BY- Edgar Cruz

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

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		07/22/26		CES	2.6	Degrees C
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PROJECT NAME: Monthly Coliform
DATE: 07/23/2026

SAMPLE NUMBER- 982472 SAMPLE ID- 5 CB Medical
DATE SAMPLED- 07/22/26
DATE RECEIVED- 07/22/26 SAMPLER- Client
TIME RECEIVED- 1314 DELIVERED BY- Edgar Cruz

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		07/22/26		CES	2.6	Degrees C
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Attn: Greg Burden

PROJECT NAME: Monthly Coliform
DATE: 07/23/2026

SAMPLE NUMBER- 982473 SAMPLE ID- 6 5 Kattelville Rd. Mirabito SAMPLE MATRIX- WA
DATE SAMPLED- 07/22/26 TIME SAMPLED- 0815
DATE RECEIVED- 07/22/26 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1314 DELIVERED BY- Edgar Cruz TYPE SAMPLE- Grab

Page 1 of 1

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Sample Receipt Temperature		07/22/26		CES	2.6	Degrees C
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PROJECT NAME: Monthly Coliform
DATE: 07/23/2026

SAMPLE NUMBER- 982474 SAMPLE ID- 7 85 Poplar Hill Rd.
DATE SAMPLED- 07/22/26
DATE RECEIVED- 07/22/26 SAMPLER- Client
TIME RECEIVED- 1314 DELIVERED BY- Edgar Cruz

SAMPLE MATRIX- WA
TIME SAMPLED- 0920
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

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Sample Receipt Temperature		07/22/26		CES	2.6	Degrees C
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PROJECT NAME: Monthly Coliform
DATE: 07/23/2026

SAMPLE NUMBER- 982475 SAMPLE ID- 8 1251 River Rd.
DATE SAMPLED- 07/22/26
DATE RECEIVED- 07/22/26 SAMPLER- Client
TIME RECEIVED- 1314 DELIVERED BY- Edgar Cruz

SAMPLE MATRIX- WA
TIME SAMPLED- 0935
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

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Sample Receipt Temperature		07/22/26		CES	2.6	Degrees C
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PROJECT NAME: Monthly Coliform
DATE: 07/23/2026

SAMPLE NUMBER- 982476 SAMPLE ID- 9 3 Jason Dr.
DATE SAMPLED- 07/22/26
DATE RECEIVED- 07/22/26 SAMPLER- Client
TIME RECEIVED- 1314 DELIVERED BY- Edgar Cruz

SAMPLE MATRIX- WA
TIME SAMPLED- 0945
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

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PROJECT NAME: Monthly Coliform
DATE: 07/23/2026

SAMPLE NUMBER- 982477 SAMPLE ID- 10 73 Pamela Dr.
DATE SAMPLED- 07/22/26
DATE RECEIVED- 07/22/26 SAMPLER- Client
TIME RECEIVED- 1314 DELIVERED BY- Edgar Cruz

SAMPLE MATRIX- WA
TIME SAMPLED- 0955
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

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Sample Receipt Temperature		07/22/26		CES	2.6	Degrees C
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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
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CES BATCH NO: N1768

Turn-Around Time
☐ Standard ☐ 5 Working Days
☐ 2 Working Days ☐ 1 Working Days

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.

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

Number of Containers

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

CES LOG NUMBERS (INTERNAL USE/DO NOT WRITE)	Collected		Matrix	Grab or Comp.	CLIENT ID/SAMPLE LOCATION
	Date	Time			
982468	7/22/24	8:55 am	PW	Grab	1 Pennview WWTP
982469	7/22/24	8:30 am	PW	Grab	2 Nirchis 954 Fron St.
982470	7/22/24	8:40 am	PW	Grab	3 1290 Front St.
982471	7/22/24	10:00 am	PW	Grab	4 Quinn Estates WWTP
982472	7/22/24	9:10 am	PW	Grab	5 CB Medical
982473	7/22/24	8:15 am	PW	Grab	6 5 Katteville Rd. Mirabito
982474	7/22/24	9:20 am	PW	Grab	7 85 Poplar Hill Rd.
982475	7/22/24	9:35 am	PW	Grab	8 1251 River Rd
982476	7/22/24	9:45 am	PW	Grab	9 EP-110 Applewood 3 Jason Dr.
982477	7/22/24	9:55 am	PW	Grab	10 73 Pamela Dr.

Preservative Codes: A= Unpreserved B=H₂SO₄ C=HCl D=NaOH E=Ascorbic Acid F=HNO₃
G=Na₂S₂O₃ H= I=

Sample bottle: Type: Sterile Size: 140 ml

Preservative Code: G

Parameter and Method: 1 T-Coliform

Samples Collected By:

Name (Print): Seth messina

Signature: [Signature]

Company: Town of Chenango

RELINQUISHED BY:

Name: Seth messina

Signature: [Signature]

Name: Edgar

Signature: [Signature]

RECEIVED BY:

Name: Edgar

Signature: [Signature]

Name: Emily McManus

Signature: [Signature]

RECEIVED BY:

Name: Edgar

Signature: [Signature]

Name: Emily McManus

Signature: [Signature]

RECEIVED BY:

Name: Edgar

Signature: [Signature]

Name: Emily McManus

Signature: [Signature]

Receipt Temperature: 2.6 °C



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Sample Receiving Checklist

Client Name: T/O Chenango

Batch Number: <u>N1768</u>	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.)

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: BLD 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.