



**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: 08/08/2025

SAMPLE NUMBER- 953124 SAMPLE ID- 1/Pennview WWTP
DATE SAMPLED- 08/06/25
DATE RECEIVED- 08/06/25 SAMPLER- Client
TIME RECEIVED- 1305 DELIVERED BY- Pat Davis(CES)

SAMPLE MATRIX- WA
TIME SAMPLED- 0740
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/06/25		CES	3.6 Degrees C
Total Coliform, MF	SM9222B-15	08/06/25	1650	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



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Attn: Greg Burden

PROJECT NAME: Monthly Coliforms
DATE: 08/08/2025

SAMPLE NUMBER- 953125 SAMPLE ID- 2/Nirchis 954 Front St.
DATE SAMPLED- 08/06/25
DATE RECEIVED- 08/06/25 SAMPLER- Client
TIME RECEIVED- 1305 DELIVERED BY- Pat Davis(CES)

SAMPLE MATRIX- WA
TIME SAMPLED- 0746
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/06/25		CES	3.6 Degrees C
Total Coliform, MF	SM9222B-15	08/06/25	1650	BLO	< 1 cfu/100ml

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PROJECT NAME: Monthly Coliforms
DATE: 08/08/2025

SAMPLE NUMBER- 953126 SAMPLE ID- 3/1290 Front St.
DATE SAMPLED- 08/06/25
DATE RECEIVED- 08/06/25 SAMPLER- Client
TIME RECEIVED- 1305 DELIVERED BY- Pat Davis (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		08/06/25		CES	3.6 Degrees C
Total Coliform, MF	SM9222B-15	08/06/25	1650	BLO	E 1 cfu/100ml

NYSDOH LAB ID NO. 11246

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Attn: Greg Burden

PROJECT NAME: Monthly Coliforms
DATE: 08/08/2025

SAMPLE NUMBER- 953127 SAMPLE ID- 4/Quinn Estates WWTP
DATE SAMPLED- 08/06/25
DATE RECEIVED- 08/06/25 SAMPLER- Client
TIME RECEIVED- 1305 DELIVERED BY- Pat Davis(CES)

SAMPLE MATRIX- WA
TIME SAMPLED- 0725
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS			RESULT UNITS
		DATE	TIME	BY	
Sample Receipt Temperature		08/06/25		CES	3.6 Degrees C
Total Coliform, MF	SM9222B-15	08/06/25	1650	BLO	E 2 cfu/100ml

NYSDOH LAB ID NO. 11246

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Attn: Greg Burden

PROJECT NAME: Monthly Coliforms
DATE: 08/08/2025

SAMPLE NUMBER- 953128 SAMPLE ID- 5/CB Medical
DATE SAMPLED- 08/06/25
DATE RECEIVED- 08/06/25 SAMPLER- Client
TIME RECEIVED- 1305 DELIVERED BY- Pat Davis(CES)

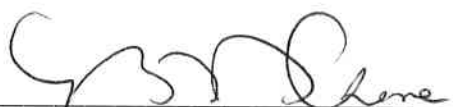
SAMPLE MATRIX- WA
TIME SAMPLED- 0805
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/06/25		CES	3.6 Degrees C
Total Coliform, MF	SM9222B-15	08/06/25	1650	BLO	E 2 cfu/100ml

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Attn: Greg Burden

PROJECT NAME: Monthly Coliforms
DATE: 08/08/2025

SAMPLE NUMBER- 953129 SAMPLE ID- 6/5 Katteville Rd. Mirabito SAMPLE MATRIX- WA
DATE SAMPLED- 08/06/25 TIME SAMPLED- 0814
DATE RECEIVED- 08/06/25 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1305 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/06/25		CES	3.6 Degrees C
Total Coliform, MF	SM9222B-15	08/06/25	1650	BLO	E 1 cfu/100ml

NYSDOH LAB ID NO. 11246

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Attn: Greg Burden

PROJECT NAME: Monthly Coliforms
DATE: 08/08/2025

SAMPLE NUMBER- 953130 SAMPLE ID- 7/85 Poplar Hill Rd.
DATE SAMPLED- 08/06/25
DATE RECEIVED- 08/06/25 SAMPLER- Client
TIME RECEIVED- 1305 DELIVERED BY- Pat Davis(CES)

SAMPLE MATRIX- WA
TIME SAMPLED- 0825
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/06/25		CES	3.6 Degrees C
Total Coliform, MF	SM9222B-15	08/06/25	1650	BLO	E 1 cfu/100ml

NYSDOH LAB ID NO. 11246

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Attn: Greg Burden

PROJECT NAME: Monthly Coliforms
DATE: 08/08/2025

SAMPLE NUMBER- 953131 SAMPLE ID- 8/1251 River Rd.
DATE SAMPLED- 08/06/25
DATE RECEIVED- 08/06/25 SAMPLER- Client
TIME RECEIVED- 1305 DELIVERED BY- Pat Davis(CES)

SAMPLE MATRIX- WA
TIME SAMPLED- 0826
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/06/25		CES	3.6 Degrees C
Total Coliform, MF	SM9222B-15	08/06/25	1650	BLO	< 1 cfu/100ml

NYSDOH LAB ID NO. 11246

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PROJECT NAME: Monthly Coliforms
DATE: 08/08/2025

SAMPLE NUMBER- 953132 SAMPLE ID- 9/3 Matthews Rd.
DATE SAMPLED- 08/06/25
DATE RECEIVED- 08/06/25 SAMPLER- Client
TIME RECEIVED- 1305 DELIVERED BY- Pat Davis(CES)

SAMPLE MATRIX- WA
TIME SAMPLED- 0835
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/06/25		CES	3.6 Degrees C
Total Coliform, MF	SM9222B-15	08/06/25	1650	BLO	< 1 cfu/100ml

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Attn: Greg Burden

PROJECT NAME: Monthly Coliforms
DATE: 08/08/2025

SAMPLE NUMBER- 953133 SAMPLE ID- 10/73 Pamela Dr.
DATE SAMPLED- 08/06/25
DATE RECEIVED- 08/06/25 SAMPLER- Client
TIME RECEIVED- 1305 DELIVERED BY- Pat Davis(CES)

SAMPLE MATRIX- WA
TIME SAMPLED- 0850
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/06/25		CES	3.6 Degrees C
Total Coliform, MF	SM9222B-15	08/06/25	1650	BLO	E 1 cfu/100ml

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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: M3062 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

ADDRESS: 1529 NY Rt. 12
Binghamton, NY 13901

CONTACT NAME: Attn: Mr. Gregory Burden

CLIENT PHONE: FAX:

PROJECT #/NAME/PO #: Monthly Coliforms

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

Number of Containers

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

CES LOG NUMBERS (INTERVAL USED DO NOT WRITE)	Collected		Matrix	Grab or Comp.	CLIENT ID/SAMPLE LOCATION
	Date	Time			
953124	8/6/25	746 AM	PW	Grab	Pennview WWTP
125	8/6/25	746	PW	Grab	Nirchis 954 Fron St.
126	8/6/25	750 AM	PW	Grab	1290 Front St.
127	8/6/25	725 AM	PW	Grab	Quinn Estates WWTP
128	8/6/25	805	PW	Grab	CB Medical
129	8/6/25	819	PW	Grab	5 Katteville Rd. Mirabito
130	8/6/25	825	PW	Grab	85 Poplar Hill Rd.
131	8/6/25	846	PW	Grab	1251 River Rd
132	8/6/25	835	PW	Grab	EP 140 Applewood Matthews Ct
133	8/6/25	850	PW	Grab	73 Pamela Dr.

Parameter and Method:

Sample bottle:	Preservative Code:
Type: Sterile Size: 140 ml	G

Samples Collected By: Gregory Burden

Name (Print): _____
Signature: _____
Company: TOC

RELINQUISHED BY:

Name:	Date	Time
Gregory Burden	8/6/25	9:15 AM
Pat Davis	8/6/25	13:05

RECEIVED BY:

Name:	Signature:
Pat Davis	[Signature]
Emily McManus	[Signature]

Samples Received in Good Condition: ☐ Yes ☐ No

Receipt Temperature: 3.6 °C



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Sample Receiving Checklist

Client Name: T/O Chenango

Batch Number: <u>M3062</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: RS Login Reviewed By: LD

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.