



**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: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953539 SAMPLE ID- 1/1290 Front St.
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

SAMPLE MATRIX- WA
TIME SAMPLED- 0720
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	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. This sample meets NYS Standards for Total Coliform.

E-Coli Not Present

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Binghamton, NY 13905-
Attn: Greg Burden

PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953540 SAMPLE ID- 2/Quinn Estates WWTP
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

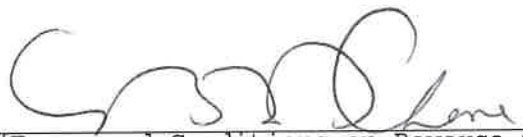
SAMPLE MATRIX- WA
TIME SAMPLED- 0735
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	JD	< 1 cfu/100ml

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Binghamton, NY 13905-
Attn: Greg Burden

PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953541 SAMPLE ID- 3/CB Medical
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

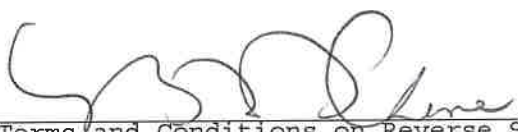
SAMPLE MATRIX- WA
TIME SAMPLED- 0745
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
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Attn: Greg Burden

PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953542 SAMPLE ID- 4/5 Katteville Rd.
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

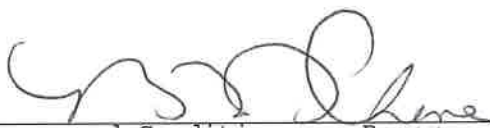
SAMPLE MATRIX- WA
TIME SAMPLED- 0800
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
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PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953543 SAMPLE ID- 5/85 Poplar Hill
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

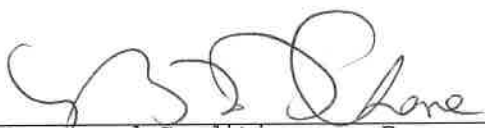
SAMPLE MATRIX- WA
TIME SAMPLED- 0824
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
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PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953544 SAMPLE ID- 6/73 Pamela Dr.
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

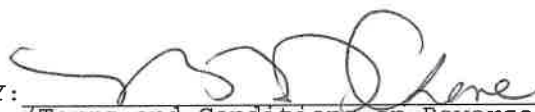
SAMPLE MATRIX- WA
TIME SAMPLED- 1030
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
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PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953545 SAMPLE ID- 7/58 Poplar Hill
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

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

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	JD	< 1 cfu/100ml

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PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953546 SAMPLE ID- 8/93 Poplar Hill
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

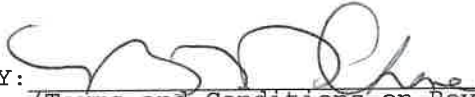
SAMPLE MATRIX- WA
TIME SAMPLED- 0850
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	JD	< 1 cfu/100ml

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Attn: Greg Burden

PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953547 SAMPLE ID- 9/83 CB Rd
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

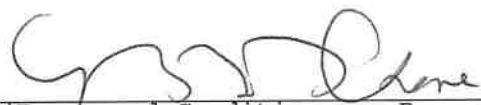
SAMPLE MATRIX- WA
TIME SAMPLED- 0900
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	JD	< 1 cfu/100ml

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PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953548 SAMPLE ID- 10/1 Cherry Lane
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

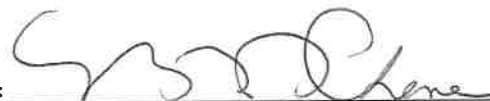
SAMPLE MATRIX- WA
TIME SAMPLED- 0908
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	JD	< 1 cfu/100ml

NYSDOH LAB ID NO. 11246

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PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953549 SAMPLE ID- 11/604 River Rd.
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

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

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	JD	< 1 cfu/100ml

NYSDOH LAB ID NO. 11246

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PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953550 SAMPLE ID- 12/8 Katteville Rd.
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

SAMPLE MATRIX- WA
TIME SAMPLED- 0915
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	JD	< 1 cfu/100ml

NYSDOH LAB ID NO. 11246

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PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953551 SAMPLE ID- 13/79 Theresa Blvd
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

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

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	JD	< 1 cfu/100ml

NYSDOH LAB ID NO. 11246

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PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953552 SAMPLE ID- 14/51 Theresa Blvd
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

SAMPLE MATRIX- WA
TIME SAMPLED- 0946
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	JD	< 1 cfu/100ml

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PROJECT NAME: Coliforms
DATE: 08/12/2025

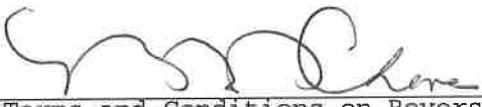
SAMPLE NUMBER- 953553 SAMPLE ID- 15/1250 Upper Front Burger Kng SAMPLE MATRIX- WA
DATE SAMPLED- 08/11/25 TIME SAMPLED- 0950
DATE RECEIVED- 08/11/25 SAMPLER- Client RECEIVED BY- RS
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	JD	< 1 cfu/100ml

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Attn: Greg Burden

PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953554 SAMPLE ID- 16/1216 Upper Front St
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

SAMPLE MATRIX- WA
TIME SAMPLED- 0959
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	JD	< 1 cfu/100ml

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Binghamton, NY 13905-
Attn: Greg Burden

PROJECT NAME: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953555 SAMPLE ID- 17/7 Pamela Dr.
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

SAMPLE MATRIX- WA
TIME SAMPLED- 1015
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	JD	< 1 cfu/100ml

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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: Coliforms
DATE: 08/12/2025

SAMPLE NUMBER- 953556 SAMPLE ID- 18/28 Pamela Dr.
DATE SAMPLED- 08/11/25
DATE RECEIVED- 08/11/25 SAMPLER- Client
TIME RECEIVED- 1200 DELIVERED BY- Gregory Burden

SAMPLE MATRIX- WA
TIME SAMPLED- 1019
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		08/11/25		CES	12.6 Degrees C
Total Coliform	Colilert	08/11/25	1240	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. 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)

7280 Caswell St. (Hancock Air Park)
North Syracuse, New York 13212
Phone 315-478-2374
Fax 315-478-2107

**Certified
Environmental
Services, Inc.**



CES BATCH NO: M3158 PAGE 05 OF 05
Standard TAT is end of day, 10 working days after lab receipt. Samples received after 4 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:
ADDRESS: 1529 NY Rt. 12
Binghamton, NY 13901
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										Remarks
	Date	Time				1	2	3	4	5	6	7	8	9	10	
953539	8/11/25	7:10	PW	Grab	1190 Front St	1	X									
540	8/11/25	7:35	PW	Grab	Grain Estates w/TP	1	X									
541	8/11/25	7:45	PW	Grab	CIB medical	1	X									
542	8/11/25	8:00	PW	Grab	S Kattellville Rd	1	X									
543	8/11/25	8:14	PW	Grab	85 Poplar Hill	1	X									
544	8/11/25	10:30	PW	Grab	73 Pamela Dr.	1	X									
545	8/11/25	8:33	PW	Grab	58 Poplar Hill	1	X									
546	8/11/25	8:50	PW	Grab	93 Poplar Hill	1	X									
547	8/11/25	9:00	PW	Grab	83 CIB Rd	1	X									
548	8/11/25	9:08	PW	Grab	1 Cherry Ln	1	X									

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

Parameter and Method:

1	T-Coliform	Sample bottle: Type: Sterile Size: 140 ml	Preservative Code: G	Samples Collected By: Name (Print): <u>Gregory Burden</u> Signature: <u>[Signature]</u> Company: <u>TC</u>	Remarks:
2					
3					
4					
5					
6					
7					
8					
9					
10					

RELINQUISHED BY: Name: Gregory Burden Date: 8/11/25 Time: 12:00
Signature: [Signature]
Name: _____ Signature: _____
Name: _____ Signature: _____

RECEIVED BY: Name: [Signature] Signature: _____
Name: _____ Signature: _____

Samples Received in Good Condition: ☒ Yes ☐ No
Receipt Temperature: 12.6 ° 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: Chicago

Batch Number: M3198 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 Ice Pack
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: 30 Sample(s) Logged In By: 28 Login Reviewed By: 30

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.