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: 09/07/2024

SAMPLE NUMBER- 925141 SAMPLE ID- Pennview WWTP SAMPLE MATRIX- WA
DATE SAMPLED- 09/04/24 TIME SAMPLED- 0715
DATE RECEIVED- 09/04/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS
TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab



| ANALYSIS | METHOD | ANALYSIS DATE | TIME | BY | RESULT | UNITS |
|---|---|---|---|---|---|---|
| Sample Receipt Temperature | | 09/04/24 | | CES | 4.8 | Degrees C |
| Total Coliform, MF | SM9222B-15 | 09/04/24 | 1842 | 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.

E-Coli Not Present



The analytical results on this sample are representative of the sample received by the Laboratory.

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REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 09/07/2024

SAMPLE NUMBER- 925142 SAMPLE ID- Nirchis 954 Front St. SAMPLE MATRIX- WA
DATE SAMPLED- 09/04/24 TIME SAMPLED- 0808
DATE RECEIVED- 09/04/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS
TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

| ANALYSIS | METHOD | ANALYSIS DATE | TIME | BY | RESULT | UNITS |
|---|---|---|---|---|---|---|
| Sample Receipt Temperature | | 09/04/24 | | CES | 4.8 | Degrees C |
| Total Coliform, MF | SM9222B-15 | 09/04/24 | 1842 | BLO | E 10 | cfu/100ml |

NYSDOH LAB ID NO. 11246 APPROVED BY: _____
(Terms and Conditions on Reverse Side)
Barbara L. DuChene
Laboratory Manager

Note: Reported result is positive. "As per the method we are required to qualify any result lower than 20 cfu or higher than 80 cfu as an Estimate (E). Results above 200 cfu must be reported as > 80 cfu."

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MUG-Test E-Coli Not Present.



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REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 09/07/2024

SAMPLE NUMBER- 925143 SAMPLE ID- 1290 Front St. SAMPLE MATRIX- WA
DATE SAMPLED- 09/04/24 TIME SAMPLED- 0815
DATE RECEIVED- 09/04/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS
TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

| ANALYSIS | METHOD | ANALYSIS DATE | TIME | BY | RESULT | UNITS |
|---|---|---|---|---|---|---|
| Sample Receipt Temperature | | 09/04/24 | | CES | 4.8 | Degrees C |
| Total Coliform, MF | SM9222B-15 | 09/04/24 | 1842 | BLO | < 1 | cfu/100ml |

NYSDOH LAB ID NO. 11246 APPROVED BY: _____
(Terms and Conditions on Reverse Side)

Barbara L. DuChene
Laboratory Manager

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REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 09/07/2024

SAMPLE NUMBER- 925144 SAMPLE ID- Quinn Estates WWTP SAMPLE MATRIX- WA
DATE SAMPLED- 09/04/24 TIME SAMPLED- 0830
DATE RECEIVED- 09/04/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS
TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

| ANALYSIS | METHOD | ANALYSIS DATE | TIME | BY | RESULT | UNITS |
|---|---|---|---|---|---|---|
| Sample Receipt Temperature | | 09/04/24 | | CES | 4.8 | Degrees C |
| Total Coliform, MF | SM9222B-15 | 09/04/24 | 1842 | 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.

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REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 09/07/2024

SAMPLE NUMBER- 925145 SAMPLE ID- CB Medical SAMPLE MATRIX- WA
DATE SAMPLED- 09/04/24 TIME SAMPLED- 0846
DATE RECEIVED- 09/04/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS
TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

| ANALYSIS | METHOD | ANALYSIS DATE | TIME | BY | RESULT | UNITS |
|---|---|---|---|---|---|---|
| Sample Receipt Temperature | | 09/04/24 | | CES | 4.8 | Degrees C |
| Total Coliform, MF | SM9222B-15 | 09/04/24 | 1842 | BLO | < 1 | cfu/100ml |

NYSDOH LAB ID NO. 11246 APPROVED BY: _____
(Terms and Conditions on Reverse Side)

Barbara L. DuChene
Laboratory Manager

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E-Coli Not Present



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REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 09/07/2024

SAMPLE NUMBER- 925146 SAMPLE ID- 5 Kattleville Rd Mirabito SAMPLE MATRIX- WA
DATE SAMPLED- 09/04/24 TIME SAMPLED- 0853
DATE RECEIVED- 09/04/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS
TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

| ANALYSIS | METHOD | ANALYSIS DATE | TIME | BY | RESULT | UNITS |
|---|---|---|---|---|---|---|
| Sample Receipt Temperature | | 09/04/24 | | CES | 4.8 | Degrees C |
| Total Coliform, MF | SM9222B-15 | 09/04/24 | 1842 | BLO | < 1 | cfu/100ml |

NYSDOH LAB ID NO. 11246 APPROVED BY: _____
(Terms and Conditions on Reverse Side)

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Laboratory Manager

Note: Reported result is negative.

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E-Coli Not Present



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REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 09/07/2024

SAMPLE NUMBER- 925147 SAMPLE ID- 85 Poplar Hill Rd. SAMPLE MATRIX- WA
DATE SAMPLED- 09/04/24 TIME SAMPLED- 0909
DATE RECEIVED- 09/04/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS
TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab



| ANALYSIS | METHOD | ANALYSIS DATE | TIME | BY | RESULT | UNITS |
|---|---|---|---|---|---|---|
| Sample Receipt Temperature | | 09/04/24 | | CES | 4.8 | Degrees C |
| Total Coliform, MF | SM9222B-15 | 09/04/24 | 1842 | BLO | > 80 | cfu/100ml |

NYSDOH LAB ID NO. 11246 APPROVED BY: _____
(Terms and Conditions on Reverse Side)
Barbara L. DuChene
Laboratory Manager

Note: Reported result is positive. "As per the method we are required to qualify any result lower than 20 cfu or higher than 80 cfu as an Estimate (E). Results above 200 cfu must be reported as > 80 cfu."

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MUG-Test E-Coli Not Present.



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REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 09/07/2024

SAMPLE NUMBER- 925148 SAMPLE ID- 1251 River Rd. SAMPLE MATRIX- WA
DATE SAMPLED- 09/04/24 TIME SAMPLED- 0940
DATE RECEIVED- 09/04/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS
TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

| ANALYSIS | METHOD | ANALYSIS DATE | TIME | BY | RESULT | UNITS |
|---|---|---|---|---|---|---|
| Sample Receipt Temperature | | 09/04/24 | | CES | 4.8 | Degrees C |
| Total Coliform, MF | SM9222B-15 | 09/04/24 | 1842 | BLO | < 1 | cfu/100ml |

NYSDOH LAB ID NO. 11246 APPROVED BY: _____
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Laboratory Manager

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E-Coli Not Present



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REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 09/07/2024

SAMPLE NUMBER- 925149 SAMPLE ID- EP 110 Applewood SAMPLE MATRIX- WA
DATE SAMPLED- 09/04/24 TIME SAMPLED- 0950
DATE RECEIVED- 09/04/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS
TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

| ANALYSIS | METHOD | ANALYSIS DATE | TIME | BY | RESULT | UNITS |
|---|---|---|---|---|---|---|
| Sample Receipt Temperature | | 09/04/24 | | CES | 4.8 | Degrees C |
| Total Coliform, MF | SM9222B-15 | 09/04/24 | 1842 | BLO | < 1 | cfu/100ml |

NYSDOH LAB ID NO. 11246 APPROVED BY: _____
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Laboratory Manager

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E-Coli Not Present



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REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 09/07/2024

SAMPLE NUMBER- 925150 SAMPLE ID- 73 Pamela Dr. SAMPLE MATRIX- WA
DATE SAMPLED- 09/04/24 TIME SAMPLED- 0955
DATE RECEIVED- 09/04/24 SAMPLER- Luke Mooney(T/O Chenango) RECEIVED BY- RS
TIME RECEIVED- 1230 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

| ANALYSIS | METHOD | ANALYSIS DATE | TIME | BY | RESULT | UNITS |
|---|---|---|---|---|---|---|
| Sample Receipt Temperature | | 09/04/24 | | CES | 4.8 | Degrees C |
| Total Coliform, MF | SM9222B-15 | 09/04/24 | 1842 | BLO | < 1 | cfu/100ml |

NYSDOH LAB ID NO. 11246 APPROVED BY: _____
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E-Coli Not Present



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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
Fax 315-478-2107

CES BATCH NO: L4259 PAGE ___ OF ___

Turn-Around Time: 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.

☐ 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

| CES LOG NUMBERS (INTERNAL USE/DO NOT WRITE) | Collected Date | Collected Time | Matrix | Grab or Comp. | CLIENT ID/SAMPLE LOCATION | Number of Containers | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 925141 | 9/4/24 | 715AM | PW | Grab | Pennview WWTP | 1 | X | | | | | | | | | | 1 |
| 925142 | | 808AM | PW | Grab | Nirchis 954 Fron St. | 1 | X | | | | | | | | | | 2 |
| 925143 | | 815AM | PW | Grab | 1290 Front St. | 1 | X | | | | | | | | | | 3 |
| 925144 | | 830AM | PW | Grab | Quinn Estates WWTP | 1 | X | | | | | | | | | | 4 |
| 925145 | | 846AM | PW | Grab | CB Medical | 1 | X | | | | | | | | | | 5 |
| 925146 | | 853AM | PW | Grab | 5 Katteville Rd. Mirabito | 1 | X | | | | | | | | | | 6 |
| 925147 | | 909AM | PW | Grab | 85 Poplar Hill Rd. | 1 | X | | | | | | | | | | 7 |
| 925148 | | 940AM | PW | Grab | 1251 River Rd | 1 | X | | | | | | | | | | 8 |
| 925149 | | 950AM | PW | Grab | EP 110 Applewood | 1 | X | | | | | | | | | | 9 |
| 925150 | ↓ | 955AM | PW | Grab | 73 Pamela Dr. | 1 | X | | | | | | | | | | 10 |

| | Parameter and Method: | Sample bottle: Type | Sample bottle: Size | Preservative Code: |
|---|---|---|---|---|
| 1 | T-Coliform | Sterile | 140 ml | G |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

Preservative Codes: A= Unpreserved B=$H_2SO_4$ C=HCl D=NaOH E=Ascorbic Acid F=$HNO_3$ G=$Na_2S_2O_3$ H=_____ I=_____

Samples Collected By:
Name (Print): Luke Mooney
Signature:
Company: Town of Chenango

Remarks:

| RELINQUISHED BY: | Date | Time | RECEIVED BY: |
|---|---|---|---|
| Name: Luke Mooney | 9/4/24 | 10AM | Name: Pat Davis |
| Signature: | | | Signature: |
| Name: Pat Davis | 9/4/24 | 12:30 | Name: |
| Signature: | | | Signature: |

Samples Received in Good Condition: ☐ Yes ☐ No

Receipt Temperature: 4.8 °C

CES
7280 Caswell Street
North Syracuse, NY 13212
Phone 315-478-2374
Fax 315-478-2107

# Sample Receiving Checklist

Client Name: Flo Chemsco

Batch Number: L4259

| | 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.)**

$H_2SO_4$ **WC** $HNO_3$ **MT** NaOH **WCSP** Ascorbic Acid **WC**

HCl **WCSP** $Na_2S_2O_3$ **WC** Other _____ Not Available ☐

**Microbiology:** ☑ Chlorinated Source (Sodium Thiosulfate)

☐ Non-Chlorinated Source (No Sodium Thiosulfate)

Additional Comments/Client Correspondence _____

Sample(s) Received By: BS Sample(s) Logged In By: BD Login Reviewed By: BD

**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.