



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: Water Quality
DATE: 09/17/2024

SAMPLE NUMBER- 925151 SAMPLE ID- EP 110 Applewood
DATE SAMPLED- 09/04/24
DATE RECEIVED- 09/04/24 SAMPLER- Luke Mooney (T/O Chenango)
TIME RECEIVED- 1230 DELIVERED BY- Pat Davis (CES)

SAMPLE MATRIX- WA
TIME SAMPLED- 0950
RECEIVED BY- RS
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
Conductance @ 25degC (SM23)	2510B	09/04/24	1615	RRB	938 umhos/cm
#pH at 21 degrees C	SM224500HB	09/04/24	1304	RRB	H 7.37 std units
Orthophosphate as P (SM22)	4500-P-E	09/05/24	1545	MPB	0.086 mg/L

NYSDOH LAB ID NO. 11246

APPROVED BY:

(Terms and Conditions on Reverse Side)

Barbara L. DuChene
Laboratory Manager



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DATE SAMPLED- 09/04/24 TIME SAMPLED- 0950
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Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		09/04/24		CES	4.8 Degrees C
Alkalinity as CaCO ₃ -11	SM 2320B	09/16/24		RS	
Alkalinity	SM 2320B	09/16/24		RS	206 mg/L CaCO ₃
Alkalinity Final pH	SM 2320B	09/16/24		RS	4.6 std units

NYSDOH LAB ID NO. 11246

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ANALYSIS	METHOD	SAMPLE PREP DATE	ANALYSIS BY DATE	TIME	BY	RESULT	UNITS
Calcium Hardness	EPA 200.7	09/04/24	MPB 09/16/24		MPB	235	mg/L
Calcium, Total	EPA 200.7	09/04/24	MPB 09/16/24		MPB	94.0	mg/L

NYSDOH LAB ID NO. 11246

APPROVED BY:

(Terms and Conditions on Reverse Side)

Barbara L. DuChene
Laboratory Manager

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: 74260 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 CLIENT PHONE: FAX:

ADDRESS: 1529 NY Rt. 12 PROJECT #/NAME/PO #: Water Quality

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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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Sample Receiving Checklist

Client Name: Tlo Chavango

Batch Number: L 4260

- | | Yes | No | If No Explain: |
|---|--------------------------|-------------------------------------|-----------------------------|
| 1. Proper Full and Complete Documentation: | ☐ | ☒ | <u>No Parameters listed</u> |
| 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 342 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: [Signature] Sample(s) Logged In By: [Signature] Login Reviewed By: [Signature]

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.