



REPORT OF ANALYSES

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

PROJECT NAME: Water Quality DATE: 10/01/2025

SAMPLE NUMBER- 956990 SAMPLE ID- EP 110 DATE SAMPLED- 09/17/25 DATE RECEIVED- 09/17/25 SAMPLER- Client TIME RECEIVED- 1330 DELIVERED BY- Pat Davis

SAMPLE MATRIX- WA TIME SAMPLED- 0845 RECEIVED BY- EM TYPE SAMPLE- Grab

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Table with columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Rows include Sample Receipt Temperature, Conductance @ 25degC (SM23), #pH at 21 degrees C, and Orthophosphate as P (SM22).

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (Terms and Conditions on Reverse Side)

Barbara L. DuChene Laboratory Manager



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Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature, Alkalinity as CaCO3 -11, Alkalinity, and Alkalinity Final pH.

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (Terms and Conditions on Reverse Side)

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Page 1 of 1

Table with 7 columns: ANALYSIS, METHOD, SAMPLE PREP DATE, ANALYSIS BY DATE, TIME, BY, RESULT UNITS. Rows include Calcium Hardness and Calcium, Total.

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene

(Terms and Conditions on Reverse Side)

Barbara L. DuChene Laboratory Manager



Certified
Environmental
Services, Inc.

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

Sample Receiving Checklist

Client Name: T10 Chenango

Batch Number: <u>M4321</u>	Yes	No	If No Explain:
1. Proper Full and Complete Documentation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
2. Appropriate Sample Containers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
3. Adequate Sample Volume:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
4. Hold Time(OK):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
5. Proper Sample Labeling:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
6. Sample Temperature:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
7. Sample Received on Ice: (Not required for Bact)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
8. Preservation OK: (Microbiology See Below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
9. Preservation Not Applicable:(ie: Solid/Sludge, Alk,BOD,TSS,TS,Cl,Fl,SO4,pH,Cond, etc):		<input type="checkbox"/>	_____
10. CES Sample Container(s): If not sure ask client	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

(If preservation required note Lot # associated with preservative if available.)

H₂SO₄ WC HNO₃ MT3A1 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: ES Login Reviewed By: _____

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.