



REPORT OF ANALYSES

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

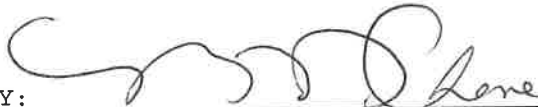
PROJECT NAME: Monthly Coliforms
DATE: 11/07/2024

SAMPLE NUMBER- 930994 SAMPLE ID- Pennview WWTP SAMPLE MATRIX- WA
DATE SAMPLED- 11/06/24 TIME SAMPLED- 0730
DATE RECEIVED- 11/06/24 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1259 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		11/06/24		CES	2.6	Degrees C
Total Coliform, MF	SM9222B-15	11/06/24	1630	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

A copy of this report was sent
to the NYS Health Dept.



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 11/07/2024

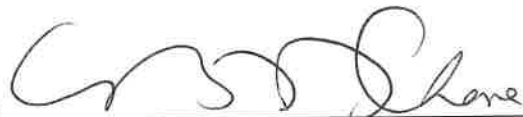
SAMPLE NUMBER- 930995 SAMPLE ID- 1018 Front St. Maines SAMPLE MATRIX- WA
DATE SAMPLED- 11/06/24 TIME SAMPLED- 0800
DATE RECEIVED- 11/06/24 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1259 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		11/06/24		CES	2.6 Degrees C
Total Coliform, MF	SM9222B-15	11/06/24	1630	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

A copy of this report was sent
to the NYS Health Dept.



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 11/07/2024

SAMPLE NUMBER- 930996 SAMPLE ID- 1290 Front St. SAMPLE MATRIX- WA
DATE SAMPLED- 11/06/24 TIME SAMPLED- 0815
DATE RECEIVED- 11/06/24 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1259 DELIVERED BY- Pat Davis (CES) TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		11/06/24		CES	2.6 Degrees C
Total Coliform, MF	SM9222B-15	11/06/24	1630	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

A copy of this report was sent
to the NYS Health Dept.



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 11/07/2024

SAMPLE NUMBER- 930997 SAMPLE ID- Quinn WWTP SAMPLE MATRIX- WA
DATE SAMPLED- 11/06/24 TIME SAMPLED- 0840
DATE RECEIVED- 11/06/24 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1259 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		11/06/24		CES	2.6 Degrees C
Total Coliform, MF	SM9222B-15	11/06/24	1637	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

A copy of this report was sent
to the NYS Health Dept.



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 11/07/2024


SAMPLE NUMBER- 930998 SAMPLE ID- CB Medical SAMPLE MATRIX- WA
DATE SAMPLED- 11/06/24 TIME SAMPLED- 0850
DATE RECEIVED- 11/06/24 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1259 DELIVERED BY- Pat Davis (CES) TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		11/06/24		CES	2.6 Degrees C
Total Coliform, MF	SM9222B-15	11/06/24	1637	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

A copy of this report was sent
to the NYS Health Dept.



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 11/07/2024

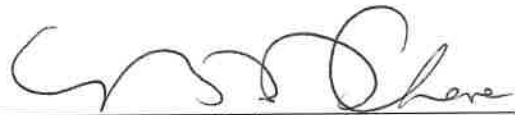
SAMPLE NUMBER- 930999 SAMPLE ID- 5 Kettleville Mirabito SAMPLE MATRIX- WA
DATE SAMPLED- 11/06/24 TIME SAMPLED- 0900
DATE RECEIVED- 11/06/24 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1259 DELIVERED BY- Pat Davis (CES) TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		11/06/24		CES	2.6	Degrees C
Total Coliform, MF	SM9222B-15	11/06/24	1637	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

A copy of this report was sent
to the NYS Health Dept.



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 11/07/2024

SAMPLE NUMBER- 931000 SAMPLE ID- Poplar Hill SAMPLE MATRIX- WA
DATE SAMPLED- 11/06/24 TIME SAMPLED- 0915
DATE RECEIVED- 11/06/24 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1259 DELIVERED BY- Pat Davis (CES) TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		11/06/24		CES	2.6	Degrees C
Total Coliform, MF	SM9222B-15	11/06/24	1637	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

A copy of this report was sent
to the NYS Health Dept.



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 11/07/2024

SAMPLE NUMBER- 931001 SAMPLE ID- 1251 River Rd. SAMPLE MATRIX- WA
DATE SAMPLED- 11/06/24 TIME SAMPLED- 0955
DATE RECEIVED- 11/06/24 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1259 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		11/06/24		CES	2.6	Degrees C
Total Coliform, MF	SM9222B-15	11/06/24	1637	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



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 11/07/2024

SAMPLE NUMBER- 931002 SAMPLE ID- Applewood EP110
DATE SAMPLED- 11/06/24
DATE RECEIVED- 11/06/24 SAMPLER- Client
TIME RECEIVED- 1259 DELIVERED BY- Pat Davis (CES)

SAMPLE MATRIX- WA
TIME SAMPLED- 1000
RECEIVED BY- EM
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT UNITS
Sample Receipt Temperature		11/06/24		CES	2.6 Degrees C
Total Coliform, MF	SM9222B-15	11/06/24	1637	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

A copy of this report was sent
to the NYS Health Dept.



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms
DATE: 11/07/2024

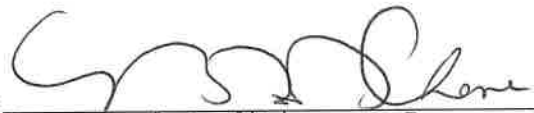
SAMPLE NUMBER- 931003 SAMPLE ID- 73 Pamela Dr. SAMPLE MATRIX- WA
DATE SAMPLED- 11/06/24 TIME SAMPLED- 1015
DATE RECEIVED- 11/06/24 SAMPLER- Client RECEIVED BY- EM
TIME RECEIVED- 1259 DELIVERED BY- Pat Davis(CES) TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		11/06/24		CES	2.6	Degrees C
Total Coliform, MF	SM9222B-15	11/06/24	1637	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



Central 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: 6612 6126 OF Turn-Around Time Standard 5 Working Days 2 Working Days 3 Working Days

CLIENT NAME: Town of Chenango ADDRESS: 1529 NY Rt. 12 Binghamton, NY 13901 CONTACT NAME: Attn: Mr. Gregory Burden PROJECT #/NAME/PO #: Monthly Coliforms

Table with columns: CES LOG NUMBERS, Date, Time, Matrix, Grab or Comp., CLIENT DISAMPLE LOCATION, and Remarks. Contains 10 rows of data with locations like Pennview WWTTP, 1018 front st, etc.

Parameter and Method: T Coliform. Sample bottle: Plastic. Preservative Code: A. Includes sections for Samples Collected By (Name: Luke Mooney) and Relinquished By (Name: Ant Davis).

Receipt Temperature: 2.6 °C. Includes checkboxes for 'Samples Received in Good Condition' and 'Yes/No'.



Certified
Environmental
Services, Inc.

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

Sample Receiving Checklist

Client Name: Town of Chenango

Batch Number: <u>66726</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 type="checkbox"/>	<input type="checkbox"/>	_____
9. Preservation Not Applicable:(ie: Solid/Sludge, Alk,BOD,TSS,TS,Cl,Fl,SO4,pH,Cond, etc):	<input checked="" type="checkbox"/>	<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 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: BCD

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.