



REPORT OF ANALYSES

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

PROJECT NAME: Monthly Coliforms DATE: 05/14/2026

SAMPLE NUMBER- 975770 SAMPLE ID- 1 Pennview WWTP SAMPLE MATRIX- WA DATE SAMPLED- 05/13/26 TIME SAMPLED- 0705 DATE RECEIVED- 05/13/26 SAMPLER- Client RECEIVED BY- RS TIME RECEIVED- 1230 DELIVERED BY- Jack Plewak TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Row 1: Sample Receipt Temperature, Colilert, 05/13/26, 1400, CES, 3.4 Degrees C. Row 2: Total Coliform, Colilert, 05/13/26, 1400, BLO, < 1 cfu/100ml

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (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: 05/14/2026

SAMPLE NUMBER- 975771 SAMPLE ID- 2 Nirchis 954 Front St. DATE SAMPLED- 05/13/26 DATE RECEIVED- 05/13/26 SAMPLER- Client TIME RECEIVED- 1230 DELIVERED BY- Jack Plewak

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

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature and Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene and text: (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: 05/14/2026

SAMPLE NUMBER- 975772 SAMPLE ID- 3 1290 Front St. DATE SAMPLED- 05/13/26 DATE RECEIVED- 05/13/26 SAMPLER- Client TIME RECEIVED- 1230 DELIVERED BY- Jack Plewak

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		05/13/26		CES	3.4	Degrees C
Total Coliform	Colilert	05/13/26	1400	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: 05/14/2026

SAMPLE NUMBER- 975773 SAMPLE ID- 4 Quinn Estates WWTP SAMPLE MATRIX- WA DATE SAMPLED- 05/13/26 TIME SAMPLED- 0730 DATE RECEIVED- 05/13/26 SAMPLER- Client RECEIVED BY- RS TIME RECEIVED- 1230 DELIVERED BY- Jack Plewak TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature and Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene

(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: 05/14/2026

SAMPLE NUMBER- 975774 SAMPLE ID- 5 CB Medical DATE SAMPLED- 05/13/26 DATE RECEIVED- 05/13/26 TIME RECEIVED- 1230 SAMPLER- Client DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA TIME SAMPLED- 0810 RECEIVED BY- RS TYPE SAMPLE- Grab

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature (3.4 Degrees C) and Rejected Sample (*).

*Excess chlorine detected in sample for Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (Terms and Conditions on Reverse Side) Barbara L. DuChene Laboratory Manager

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: 05/14/2026

SAMPLE NUMBER- 975775 SAMPLE ID- 6 Kattelville Rd. Mirabito SAMPLE MATRIX- WA DATE SAMPLED- 05/13/26 TIME SAMPLED- 0830 DATE RECEIVED- 05/13/26 SAMPLER- Client RECEIVED BY- RS TIME RECEIVED- 1230 DELIVERED BY- Jack Plewak TYPE SAMPLE- Grab

Page 1 of 1

Table with columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Rows include Sample Receipt Temperature (3.4 Degrees C) and Rejected Sample (*).

*Excess chlorine detected in sample for Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene and text: (Terms and Conditions on Reverse Side)

Barbara L. DuChene Laboratory Manager

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: 05/14/2026

SAMPLE NUMBER- 975776 SAMPLE ID- 7 85 Poplar Hill Rd.
DATE SAMPLED- 05/13/26
DATE RECEIVED- 05/13/26 SAMPLER- Client
TIME RECEIVED- 1230 DELIVERED BY- Jack Plewak

SAMPLE MATRIX- WA
TIME SAMPLED- 0839
RECEIVED BY- RS
TYPE SAMPLE- Grab

Page 1 of 1

ANALYSIS	METHOD	ANALYSIS DATE	TIME	BY	RESULT	UNITS
Sample Receipt Temperature		05/13/26		CES	3.4	Degrees C
Rejected Sample		05/13/26		CES	*	

*Excess chlorine detected in sample for Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY:

(Terms and Conditions on Reverse Side)

Barbara L. DuChene
Laboratory Manager

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: 05/14/2026

SAMPLE NUMBER- 975777 SAMPLE ID- 8 1251 River Rd. DATE SAMPLED- 05/13/26 DATE RECEIVED- 05/13/26 TIME RECEIVED- 1230 SAMPLER- Client DELIVERED BY- Jack Plewak

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

Page 1 of 1

Table with 7 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Rows include Sample Receipt Temperature and Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene and text: (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: 05/14/2026

SAMPLE NUMBER- 975778 SAMPLE ID- 9 3 Matthews DATE SAMPLED- 05/13/26 DATE RECEIVED- 05/13/26 TIME RECEIVED- 1230 SAMPLER- Client DELIVERED BY- Jack Plewak

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

Page 1 of 1

Table with 6 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT UNITS. Rows include Sample Receipt Temperature and Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY: [Signature] (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: 05/14/2026

SAMPLE NUMBER- 975779 SAMPLE ID- 10 73 Pamela Dr. DATE SAMPLED- 05/13/26 DATE RECEIVED- 05/13/26 TIME RECEIVED- 1230 SAMPLER- Client DELIVERED BY- Jack Plewak

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

Page 1 of 1

Table with 7 columns: ANALYSIS, METHOD, ANALYSIS DATE, TIME, BY, RESULT, UNITS. Rows include Sample Receipt Temperature and Total Coliform.

NYSDOH LAB ID NO. 11246

APPROVED BY:

Handwritten signature of Barbara L. DuChene

(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)

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: M9760 OF 10 PAGES
 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 PROJECT #/NAME/PO #: Monthly Coliforms

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				
975770	5/13/26	105	PW	Grab	1	Pennview WWTP	1	X											
975771	5/13/26	145	PW	Grab	2	Nirchis 954 Fron St.	1	X											
975772	5/13/26	800	PW	Grab	3	1290 Front St.	1	X											
975773	5/13/26	730	PW	Grab	4	Quinn Estates WWTP	1	X											
975774	5/13/26	810	PW	Grab	5	CB Medical	1	X											
975775	5/13/26	830	PW	Grab	6	5 Katteville Rd. Mirabito	1	X											
975776	5/13/26	835	PW	Grab	7	85 Poplar Hill Rd.	1	X											
975777	5/13/26	850	PW	Grab	8	1251 River Rd	1	X											
975778	5/13/26	915	PW	Grab	9	3 Matthews	1	X											
975779	5/13/26	935	PW	Grab	10	73 Pamela Dr.	1	X											

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

Samples Collected By: _____
 Name (Print): Gregory Burden
 Signature: _____
 Company: TOC

RELINQUISHED BY: _____ Date: 5/13/26 Time: 10:45
 Name: Gregory Burden Name: Jack Prewak
 Signature: _____ Signature: Jack Prewak
 Name: Jack Prewak Name: _____
 Signature: Jack Prewak Signature: _____

RECEIVED BY: _____ Date: 5-13-26 Time: 12:30
 Name: _____ Name: _____
 Signature: _____ Signature: _____

Samples Received in Good Condition: Yes No
 Receipt Temperature: 34.0 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: Tlo Chenango

Batch Number: <u>M 9760</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 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 Excess chlorine in samples 5, 6 + 7

Sample(s) Received By: RS 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.