

**Results Report**

**State Health Dept # : 11-IC-01765**

**Report To** JERICHO UNDERHILL WATER  
**ATTN OF** MARC MAHEUX  
**Address** PO BOX 174  
 UNDERHILL, VT 05489

**WSID** VT0005096  
**Account Name** JERICHO UNDERHILL WATER  
**Date Received** 07/25/2011  
**Time Received** 11:43  
**Approved Date** 08/05/2011

**Sample Desc.** Munic FI  
**Collection Date** 07/22/2011  
**Collection Time** 07:10  
**Sampled By** H MILLER  
**Sampling Location** SAMPLE #29  
**Street Address** 406 VT RTE 15  
**Town** Underhill (Town of)

**Sample Type** Routine/Comp  
**Free Chlorine Residual**  
**Total Chlorine Residual**  
**Chlorinated** Y  
**Field Temp.**  
**Field Fluoride** 0.8 mg/L  
**Temp at Receipt**

**Test** *Fluoride* **Date/Time of Analysis** 07/29/2011 13:11  
**Test Method:** LACHAT 10-109-12-2-A

Analyte	Final Result	Limit	Units
Fluoride	0.8	4.0 MCL	mg/L

The test results included on this report meet all National Environmental Laboratory Accreditation Program requirements unless noted otherwise.  
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 This is a public record. Information contained in this report may be used for statistical purposes and may be released upon request, pursuant to Vermont  
 Access to Public Documents law (1 V.S.A. 315-329).  
 This report shall not be reproduced, except in full, without the written approval of the laboratory.

**Test Report Authorized By:**

*Mary Celotti*  
 Mary Celotti, Laboratory Director

*Edmond P. Luce*  
 Edmond P. Luce, Quality Systems Specialist

**Units of Measurement and Definitions:**

mg/L = Milligrams per liter or ppm (parts per million) ug/L = Micrograms per liter or ppb (parts per billion) < = less than TON = Threshold Odor Number  
 MCL = Maximum Contaminant Level SMCL = Secondary Maximum Contaminant Level MRDL = Maximum Residual Disinfectant Level  
 VHA = Vermont Health Advisory VMCL = Vermont Maximum Contaminant Level NLE = No Limit Established  
 AL (Action Level) = Level at or above which a water treatment action is determined for public water supplies and should be considered for private supplies.

*If you have questions about this report, please call the laboratory at (802) 863-7336.*



DEPARTMENT OF HEALTH LABORATORY

195 COLCHESTER AVENUE
PO BOX 1125
BURLINGTON, VT 05402-1125
(802) 863-7336 or (800) 660-9997 (VT only)
www.healthvermont.gov

Results Report

State Health Dept #: 11-IC-01766

Report To: JERICO UNDERHILL WATER
ATTN OF: MARC MAHEUX
Address: PO BOX 174
UNDERHILL, VT 05489

WSID: VT0005096
Account Name: JERICO UNDERHILL WATER
Date Received: 08/01/2011
Time Received: 08:49
Approved Date: 08/11/2011

Sample Desc.: Munic FI
Collection Date: 07/29/2011
Collection Time: 07:40
Sampled By: H MILLER
Sampling Location:
Street Address: 406 VT RTE 15
Town: Underhill (Town of)

Sample Type: Routine/Comp
Free Chlorine Residual:
Total Chlorine Residual:
Chlorinated?: N
Field Temp.:
Field Fluoride:
Temp at Receipt:

Test Fluoride

Date/Time of Analysis: 08/04/2011 10:25
Test Method: LCHAT 10-109-12-2-A

Table with 4 columns: Analyte, Final Result, Limit, Units. Row 1: Fluoride, 0.8, 4.0 MCL, mg/L

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Test Report Authorized By:

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Mary Celotti, Laboratory Director

Edmond P. Luce
Edmond P. Luce, Quality Systems Specialist

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Results Report

State Health Dept #: 11-IC-01767

Report To: JERICHO UNDERHILL WATER
ATTN OF: MARC MAHEUX
Address: PO BOX 174
UNDERHILL, VT 05489

WSID: VT0005096
Account Name: JERICHO UNDERHILL WATER
Date Received: 08/08/2011
Time Received: 12:54
Approved Date: 08/18/2011

Sample Desc.: Munic FI
Collection Date: 08/05/2011
Collection Time: 14:35
Sampled By: H MILLER
Sampling Location:
Street Address: 406 VT RTE 15
Town: Underhill (Town of)

Sample Type: Routine/Comp
Free Chlorine Residual:
Total Chlorine Residual:
Chlorinated?:
Field Temp.:
Field Fluoride: 0.9 mg/L
Temp at Receipt:

Test Fluoride

Date/Time of Analysis: 08/10/2011 09:46
Test Method: LACHAT 10-109-12-2-A

Table with 4 columns: Analyte (Fluoride), Final Result (0.5), Limit (4.0 MCL), Units (mg/L)

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Mary Celotti, Laboratory Director

Edmond P. Luce
Edmond P. Luce, Quality Systems Specialist

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**Results Report**

**State Health Dept # : 11-IC-01768**

**Report To** JERICHO UNDERHILL WATER  
**ATTN OF** MARC MAHEUX  
**Address** PO BOX 174  
 UNDERHILL, VT 05489

**WSID** VT0005096  
**Account Name** JERICHO UNDERHILL WATER  
**Date Received** 08/15/2011  
**Time Received** 08:41  
**Approved Date** 08/25/2011

**Sample Desc.** Munic FI  
**Collection Date** 08/12/2011  
**Collection Time** 07:13  
**Sampled By** H MILLER  
**Sampling Location**  
**Street Address** 406 VT RTE 15  
**Town** Underhill (Town of)

**Sample Type** Routine/Comp  
**Free Chlorine Residual**  
**Total Chlorine Residual**  
**Chlorinated?**  
**Field Temp.**  
**Field Fluoride** 1.0 mg/L  
**Temp at Receipt**

**Test Fluoride**

**Date/Time of Analysis** 08/17/2011 10:54  
**Test Method:** LACHAT 10-109-12-2-A

Analyte	Final Result	Limit	Units
Fluoride	0.8	4.0 MCL	mg/L

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 Mary Celotti, Laboratory Director

*Edmond P. Luce*  
 Edmond P. Luce, Quality Systems Specialist

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