

Laboratory Report



Jericho Underhill Water 100300
P.O. Box 174
Underhill, VT 05489
Atten: Nancy Benson

PROJECT: WSID 5096 TC
WORK ORDER: 2605-15746
DATE RECEIVED: May 20, 2026
DATE REPORTED: May 21, 2026
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 38 Poker Hill Date Sampled: 5/20/26 Time: 8:10

Facility ID: DS001 Smp Pt: TC001 Categ: TC Smp Type: RT Compl Ind: Y Repl Ind: N

Free Chlorine Residual (Field Result): 0.53 ppm

| Parameter | Result | Units | Method | Analysis Date/Time | Lab/Tech | NELAC | Qual. |
|----------------|--------|--------|-----------------|--------------------|----------|-------|-------|
| Total Coliform | ABSENT | /100mL | SM23 9223B (04) | 5/20/26 14:20 | W JCB | A | |
| E. coli | ABSENT | /100mL | SM23 9223B (04) | 5/20/26 14:20 | W JCB | A | |

Endyne will submit this data electronically to the State of VT Water Supply Division in accordance with their policy and standards.

The column heading "Lab" denotes the laboratory facility where the testing was performed. "W" designates the Williston, VT lab under NELAC certification ELAP 11263; and ISO/IEC 17025:2017 accredited "R" designates the Lebanon, NH facility under certification NH 2037. This analysis meets NELAC requirements except as noted. Test results are representative of the samples as they were received at the laboratory. Chlorine field results are provided by the client unless otherwise indicated.

Reviewed by:

Harry B. Locker, Ph.D.
Laboratory Director

www.endynelabs.com



160 James Brown Dr., Williston, VT 05495
Ph 802-879-4333 Fax 802-879-7103



56 Etna Road, Lebanon, NH 03766
Ph 603-678-4891 Fax 603-678-4893

WSID 5096

Total Coliform
Endyne Inc. COC

2605-15746

Bill to:
Nancy Benson
Jericho Underhill Water
P.O. Box 174
Underhill VT 05489
Ph: 802-899-3017

Report to:
Nancy Benson
Jericho Underhill Water
P.O. Box 174
Underhill VT 05489
mmaheux@juwater.org; clerk@juwa

Prepared: 7/15/25
Cust # 10
VT0005096
TC0005096



Jericho Underhill Water
WSID 5096 TC

Was the water system chlorinated at the time of sample collection? Circle one: YES NO

Circle Sample Type for each sample: RT RP SP 1 Sterile 120 mL Bottle per Sample

Sampler:
[Signature]

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 53 mg/L
001 38 Paker H. 71 Sampled Date/Time: 05/20/26 @ 8:10 am pm Chlorine, Total: _____ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: _____ mg/L
002 _____ Sampled Date/Time: ___/___/___ @ ___ am pm Chlorine, Total: _____ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: _____ mg/L
003 _____ Sampled Date/Time: ___/___/___ @ ___ am pm Chlorine, Total: _____ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: _____ mg/L
004 _____ Sampled Date/Time: ___/___/___ @ ___ am pm Chlorine, Total: _____ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: _____ mg/L
005 _____ Sampled Date/Time: ___/___/___ @ ___ am pm Chlorine, Total: _____ mg/L

Fac.ID: WL00_ Smp Pt: RW00_ Ctg: TC Smp Typ: TG Repl: Y/N Cmpl Ind: Y/N
Source _____ Sampled Date/Time: ___/___/___ @ ___ am pm Chlorine, Total: _____ mg/L

CHLORINATED

Relinquished by: *[Signature]* 05/20/26 Date Time
Accepted by: *[Signature]* Date Time
Relinquished by: _____ Date Time
Received by: *[Signature]* 5/20/26 1030 Date Time

Sites/Parameters correct as listed. Client Initials _____
Client Authorization to use Subcontract lab Client Initials _____
Sample origin: VT NH NY Other
Special reporting instructions: (PO#) _____
Requested Turnaround Time: Routine: Rush Due Date _____

Delv: *[Signature]*
Temp C: 5.0
Comment: One or more sample bottles in this project must be kept refrigerated or on ice until delivery at the laboratory.
Initial here allow Endyne to proceed with analysis if the temperature preservation requirements are not satisfied. _____ Initial
Samples were received in the lab on ice. Y/N



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