**Laboratory Report**

ENDYNE Inc.
Environmental Laboratories

Jericho Underhill Water 100300
P.O. Box 174
Underhill, VT 05489

Atten: Nancy Benson

PROJECT: WSID 5096 TC
WORK ORDER: **2411-37839**
DATE RECEIVED: November 18, 2024
DATE REPORTED: November 19, 2024
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 38 Poker Hill Date Sampled: 11/18/24 Time: 12:50

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

Free Chlorine Residual (Field Result): 0.17 ppm

| Parameter | Result | Units | Method | Analysis Date/Time | Lab/Tech | NELAC | Qual. |
|---|---|---|---|---|---|---|---|
| Total Coliform | ABSENT | /100mL | SM 9223B (-16) | 11/18/24 15:42 | W EPB | A | |
| E. coli | ABSENT | /100mL | SM 9223B (-16) | 11/18/24 15:42 | W EPB | 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

WSID 5096

# Total Coliform

**Endyne Inc. COC**

**2411-37839**

2411-37839

Jericho Underhill Water
WSID 5096 TC

| Bill to: | Report to: | Prepared: 4/9/24 | |
|---|---|---|---|
| Nancy | Joseph O'Brien | Cust # 1003 | |
| Jericho Underhill Water | Jericho Underhill Water | | |
| P.O. Box 174 | P.O. Box 174 | VT0005096 | |
| Underhill VT 05489 | Underhill VT 05489 | | |
| Ph: 802-363-4586 | crystal@simonop.com;ryanc@simor | TC0005096 | |

of 1

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

**Sampler:** Ryan Cotnoir

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

Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: **RT RP SP** Repl: **Y / N** Cmpl Ind: **Y / N** Chlorine, Free: .17 mg/L

001 38 Gotta Hill Sampled Date/Time: 11/18/24 @ 12:50 am pm Chlorine, Total: _____mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctgy: 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 Ctgy: 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 Ctgy: 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 Ctgy: 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

# CHLORINATED

Relinquished by: Ryan Cotnoir 11/18/24 2:20 Date Time Accepted by: _____

Relinquished by: _____ Date Time Received by: TR 11-18-24 1420 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: Client Tmpl Ck COC
Temp C: 13.0c Log by
Comment:


ENDYNE Inc.
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

315 New York Rd.
Plattsburgh, NY 12903
Ph 518-563-1720
Fax 518-563-0052