Laboratory Report

ENDYNE Inc.
Environmental Laboratories

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

Atten: Nancy Benson

PROJECT: WSID 5096 JerichoUnderhill TC
WORK ORDER: **2610-37917**
DATE RECEIVED: October 13, 2026
DATE REPORTED: October 14, 2026
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 100 Raceway Date Sampled: 10/13/26 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): 0.52 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100 mL	Colisure	10/13/26 15:26	W JCB	A	
E. coli	ABSENT	/100 mL	Colisure	10/13/26 15:26	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

ELAP 11263 NH2037

WSID 5096

Total Coliform

Endyne Inc. COC

Lab Use WO#

2610-37917

Prepared: 4/9/24

Cust # 1

2610-37917

Jericho Underhill Water
WSID 5096 Jericho Underhill

Bill to:	Report to:
Nancy	Joseph O'Brien
Jericho Underhill Water	Jericho Underhill Water
P.O. Box 174	P.O. Box 174
Underhill VT 05489	Underhill VT 05489
Ph: 802-363-4586	crystal@simonop.com;ryanc@simor

VT0005096

TC0005096

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: .52 mg/L

001 100 Raceway Sampled Date/Time: 10/13/26 @ 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 10/13/26 Date Time

Accepted by: _____ Date Time

Relinquished by: _____ Date Time

Received by: _____ 10/13/26 1400 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: ~ Tmpl Ck COC

Temp C: 0.0 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