Laboratory Report

ENDYNE Inc.
Environmental Laboratories

Simon Operation Services 070247
143 South Main Street
Suite 1
Waterbury, VT 05676
Atten: Phyllis Simon

PROJECT: WSID 5096 Jericho Underhill TC
WORK ORDER: **2403-08286**
DATE RECEIVED: March 27, 2024
DATE REPORTED: March 28, 2024
SAMPLER: Ryan C. **VT0005096**

001 Site: 38 Poker Hill Date Sampled: 3/27/24 Time: 11:10

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

Free Chlorine Residual (Field Result): 0.32 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100 mL	SM 9223B (-16)	3/27/24 13:50	W ECM	A	
E. coli	ABSENT	/100 mL	SM 9223B (-16)	3/27/24 13:50	W ECM	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 JerichoUnderhill

Total Coliform

Endyne Inc. COC

2403-08286

2403-08286

Simon Operation Services
WSID 5096 Jericho Underhill TC

Bill to:
Phyllis Simon
Simon Operation Services
143 South Main Street
Waterbury VT 05676
Ph: (802)244-7420

Report to:
Phyllis Simon
Simon Operation Services
143 South Main Street
Waterbury VT 05676
Crystal@simonop.com;lanceperlee(

Prepared: 4/6/23
Cust #
VT0005096
TC0005096

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: Ryan Cotnoir

Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: (RT) RP SP Repl: Y / N Cmpl Ind: Y / N Chlorine, Free: .32 mg/L

001 38 Poker Hill Sampled Date/Time: 3/27/24 @ 11:10 (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 3/27/24 Date Time — Accepted by: _____ Date Time

Relinquished by: _____ Date Time — Received by: _____ 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: Log by
Comment:

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