

Laboratory Report



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

PROJECT: WSID 5096 TC
WORK ORDER: 2202-04621
DATE RECEIVED: February 23, 2022
DATE REPORTED: February 24, 2022
SAMPLER: Mike J. **VT0005096**

001 Site: 419 Rte 15 Date Sampled: 2/23/22 Time: 9:05

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

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Free Chlorine Residual (Field Result):	0.2	ppm					
Total Coliform	Absent	/100 mL	SM20 9223B(04)	2/23/22 16:32	W AKJ	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	2/23/22 16:32	W AKJ	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

2202-04621



Bill to: Jericho Underhill Water Report to: Jericho Underhill Water Prepared: 2/4/22
 ncy P.O. Box 174 Underhill VT 05489 Underhill VT 05489 Cust # 10030C
 Ph: 802-363-4586 kirk@champlinassociates.com;nanc TC0005096

Jericho Underhill Water
WSID 5096 TC

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

Sampler:

Mike J.

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

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: **(RT)** RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 0.2 mg/L
001 419 Rte 15 Sampled Date/Time: 2/23/22 @ 9:05 **(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

CHLORINATED

Relinquished by: Miss Jm 2/23/22 Date Time Accepted by: _____ Date Time
 Relinquished by: _____ Date Time Received by: [Signature] 2/23/22 1505 Date Time

Sites/Parameters correct as listed. Client Initials HJ

Client Authorization to use Subcontract lab Client Initials HJ

Sample origin: VT NH NY Other

Special reporting instructions: (PO#) _____

Requested Turnaround Time: Routine: Rush Due Date _____

Delv: <u>ant</u>	Tmpl Ck	<u>COC</u>
Temp C: <u>11.4</u>	Log by	
Comment:		



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