

Laboratory Report



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

PROJECT: WSID 5096 JerichoUnderhill TC
WORK ORDER: 2304-10411
DATE RECEIVED: April 20, 2023
DATE REPORTED: April 21, 2023
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 8 River Rd Date Sampled: 4/20/23 Time: 13:00

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

Free Chlorine Residual (Field Result): 0.18 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM23 9223B(04)	4/20/23 15:18	W ECM	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	4/20/23 15:18	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



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

www.endynelabs.com

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



WSID 5096 JerichoUnderhill

Total Coliform

2304-10411

Endyne Inc. COC



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 # 07024
VT0005096
TC0005096

Simon Operation Services
WSID 5096 TC

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

Sampler:

Ryan Cotnor

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: 18 mg/L
001 *S. P. R. R.* Sampled Date/Time: 4/20/23 @ 1:00 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: *Ryan Cotnor* 4/20/23 14:13 Accepted by: _____ Date Time Date Time
Relinquished by: _____ Received by: *Chloe* 4/20/23 14:12 Date Time 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: *Chloe* Tmpl Ck _____ COC
Temp C: 13.7 Log by _____
Comment: _____



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