

Laboratory Report



Jericho Underhill Water 100300
P.O. Box 174
Underhill, VT 05489
Atten: Nancy Benson

PROJECT: WSID 5096 TC
WORK ORDER: 2407-22629
DATE RECEIVED: July 24, 2024
DATE REPORTED: July 25, 2024
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 38 Poker Hill Date Sampled: 7/24/24 Time: 9:30

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

Free Chlorine Residual (Field Result): 1.0 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100 mL	SM 9223B (-16)	7/24/24 15:55	W EPB	A	
E. coli	ABSENT	/100 mL	SM 9223B (-16)	7/24/24 15:55	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



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Ph 603-678-4891 Fax 603-678-4893



WSID 5096

Total Coliform
Endyne Inc. COC

2407-22629



Jericho Underhill Water
WSID 5896 TC

Bill to:
Nancy
Jericho Underhill Water
P.O. Box 174
Underhill VT 05489
Ph: 802-363-4586

Report to:
Joseph O'Brien
Jericho Underhill Water
P.O. Box 174
Underhill VT 05489
crystal@simonop.com;ryan@simon

Prepared: 4/9/24
Cust # 1003C
VT0005096
TC0005096

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

Sampler:

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

Ryan Cotnoir

ac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 10 mg/L

001 38 Pokes Hill Sampled Date/Time: 7/24/24 @ 9:30 am pm Chlorine, Total: _____ mg/L

ac.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

ac.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

ac.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

ac.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 Cotnoir 7/24/24 Date Time Accepted by: _____ Date Time
Relinquished by: _____ Date Time Received by: Aileen Toomey 7/24/24 @ 1250 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 _____
Temp C: 14.0 Log by _____
Comment: _____
COC



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