

Laboratory Report



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

PROJECT: WSID 5096 TC
WORK ORDER: 2410-35675
DATE RECEIVED: October 29, 2024
DATE REPORTED: October 30, 2024
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 100 Raceway Date Sampled: 10/29/24 Time: 11:30

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) | 10/29/24 14:50 | W KMB | A | |
| E. coli | ABSENT | /100 mL | SM20 9223B(04) | 10/29/24 14:50 | W KMB | 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
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56 Etna Road, Lebanon, NH 03766
Ph 603-678-4891 Fax 603-678-4893



WSID 5096

Total Coliform

2410-35675

Endyne Inc. COC



2410-35675

Jericho Underhill Water
WSID 5096 TC

Bill to:

Report to:

Prepared: 2/4/22

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

Jericho Underhill Water
P.O. Box 174
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kirk@champlinassociates.com;nanc

Cust # 100
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 Cottrill

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

100 Raceway 001 10/29/24 @ 11:30 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 Cottrill 10/29/24* Date Time Accepted by: _____ Date Time
Relinquished by: _____ Date Time Received by: *TRC 10-29-24 1:45pm* 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#) _____

Delv: *Client* Tmpl Ck _____ COC
Temp C: *2.3c* Log by _____
Comment: _____

Requested Turnaround Time: Routine: Rush Due Date _____



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