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

PROJECT: WSID 5096 NO3
WORK ORDER: 2102-03871
DATE RECEIVED: February 11, 2021
DATE REPORTED: February 14, 2021
SAMPLER: Kirk Patch

VT0005096

Laboratory Report

Enclosed please find the results of the analyses performed for the samples referenced on the attached chain of custody. All required method quality control elements including instrument calibration were performed in accordance with method requirements and determined to be acceptable unless otherwise noted.

The column labeled Lab/Tech in the accompanying report denotes the laboratory facility where the testing was performed and the technician who conducted the assay. A "W" designates the Williston, VT lab under NELAC certification ELAP 11263; "R" designates the Lebanon, NH facility under certification NH 2037 and "N" the Plattsburgh, NY lab under certification ELAP 11892. "Sub" indicates the testing was performed by a subcontracted laboratory. The accreditation status of the subcontracted lab is referenced in the corresponding NELAC and Qual fields. The Williston, VT facility is also ISO/IEC 17025:2017 accredited for Total Coliform and E coli by SM9223B.

The NELAC column also denotes the accreditation status of each laboratory for each reported parameter. "A" indicates the referenced laboratory is NELAC accredited for the parameter reported. "N" indicates the laboratory is not accredited. "U" indicates that NELAC does not offer accreditation for that parameter in that specific matrix. Test results denoted with an "A" meet all National Environmental Laboratory Accreditation Program requirements except where denoted by pertinent data qualifiers. Test results are representative of the samples as they were received at the laboratory

Endyne, Inc. warrants, to the best of its knowledge and belief, the accuracy of the analytical test results contained in this report, but makes no other warranty, expressed or implied, especially no warranties of merchantability or fitness for a particular purpose.

Reviewed by:



Harry B. Locker, Ph.D.
Laboratory Director

Laboratory Report

DATE REPORTED: 02/14/2021

CLIENT: Jericho Underhill Water
 PROJECT: WSID 5096 NO3

WORK ORDER: 2102-03871
 DATE RECEIVED: 02/11/2021

001 Site: Entry Point to Distribution Date Sampled: 2/11/21 Time: 7:40

Facility ID: TP001 Smp Pt: EP001 Categ: GE Smp Type: RT Compl Ind: Y Repl Ind: N

| <u>Parameter</u> | <u>Result</u> | <u>Units</u> | <u>Method</u> | <u>Analysis Date/Time</u> | <u>Lab/Tech</u> | <u>NELAC</u> | <u>Qual.</u> |
|------------------|---------------|--------------|---------------|---------------------------|-----------------|--------------|--------------|
| Nitrate as N | < 0.020 | mg/L | EPA 300.0 | 2/11/21 18:36 | W TEL | | A |

Endyne will submit this data electronically to the State of VT Water Supply Division in accordance with their policy and standards.

WSID 5096 NO3

Endyne Inc. COC

2102-03871



2102-03871

Jericho Underhill Water
WSID 5096 NO3

Bill to:

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

Report to:

Jericho Underhill Water
P.O. Box 174
Underhill VT 05489
nancy.jerichounderhillwater.org;kirk@

Prepared: 2/3/21

Cust # 101

VT000:

NO3000:

Facility ID: TP001 Smp Pt: EP001 Categ: GE Smp Type: RT Repl Ind: N Compl Ind: Y/N

001 Entry Point to Dist

Sampled Date/Time: 2/11/21 @ 7:40AM

Nitrate as N

1 -2 oz-Plastics Anion

<6C

One or more sample bottles in this project must be kept refrigerated or on ice until delivery at the laboratory.

Initial here allow Endyne to proceed with analysis if the temperature preservation requirements are not satisfied. AP

Sampler: Kirk
Relinquished by: Jim Patch 2/11/21 8:15AM Date Time
Accepted by: Aileen Toomey 2/11/21 @ 8:15 Date Time
Relinquished by: _____ Date Time
Received by: _____ Date Time
Sites/Parameters correct as listed. Client Initials AP Date Time

Client Authorization to use Subcontract lab Client Initials AP
Sample origin: VT NH NY Other
Special reporting instructions: (PO#) _____

Requested Turnaround Time: Routine: Rush Due Date _____

| | | |
|---------------------|---------|---------------------|
| Delv: <u>Client</u> | Tmpl Ck | <u>Lab use Only</u> |
| Temp C: <u>12.2</u> | Log by | |
| Comment: | | |



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Williston, VT 05495
Ph 802-879-4333
Fax 802-879-7103

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Ph 603-678-4891
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