

**Laboratory Report**



Jericho Underhill Water 100300  
PO Box 174  
Underhill, VT 05489  
Atten: Andy Foresburg

PROJECT: WSID 5096 JerichoUnderhill TC  
WORK ORDER: 2011-31916  
DATE RECEIVED: November 04, 2020  
DATE REPORTED: November 05, 2020  
SAMPLER: Andy

**VT0005096**

001 Site: 45 Poker Hill Road Kitchen Sink Date Sampled: 11/3/20 Time: 20:00

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.
Total Chlorine Residual (Field Result):	0.05	ppm					
Total Coliform	Absent	/100 mL	SM20 9223B(04)	11/4/20 12:52	W AKJ	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	11/4/20 12:52	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: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](http://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

2011-31916



2011-31916

Jericho Underhill Water  
WSID 5096 JerichoUnderhill TC

Bill to:  
Andy Foresburg  
Jericho Underhill Water  
PO Box 174  
Underhill VT 05489  
Ph: 802-363-4586

Report to:  
Andy Foresburg  
Jericho Underhill Water  
PO Box 174  
Underhill VT 05489  
jwater899@yahoo.com;kirk@chamf

Prepared: 8/12/20  
Cust # 100300  
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

Andy Foresberg

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: **(RT)** RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: \_\_\_\_\_ mg/L  
45 Parkhill rd  
001 kitchen sink Sampled Date/Time: 11/3/2008 @ 2:00 Chlorine, Total: 0.05 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: \_\_\_/\_\_\_/\_\_\_ @ \_\_\_ Chlorine, Total: 0.05 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: \_\_\_/\_\_\_/\_\_\_ @ \_\_\_ 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: \_\_\_/\_\_\_/\_\_\_ @ \_\_\_ 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: \_\_\_/\_\_\_/\_\_\_ @ \_\_\_ Chlorine, Total: \_\_\_\_\_ mg/L

**CHLORINATED**

Relinquished by: Jim Patch 11/4/20 7:07am Date Time Accepted by: Coleen Lomeny 11/4/20 @ 7:07 Date Time

Relinquished by: \_\_\_\_\_ Date Time Received by: \_\_\_\_\_ Date Time

Sites/Parameters correct as listed. Client Initials JP

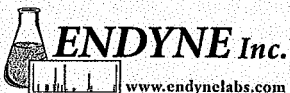
Client Authorization to use Subcontract lab Client Initials JP

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>13.8</u>	Log by	
Comment:		



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