



DEPARTMENT OF HEALTH LABORATORY

359 SOUTH PARK DRIVE
COLCHESTER, VT 05446
(802) 338-4724 or (800) 660-9997 (VT only)
www.healthvermont.gov

Drinking Water Results Report

State Health Dept # 23-IC-05677
Report Status Final
Date Report Released 10/31/2023

Report To Jericho Underhill Water
ATTN of Brian Picotte
Address PO Box 174
Underhill, VT 05489

WSID VT0005096
Account Name Jericho Underhill Water
Date Received 10/25/2023
Time Received 14:05
Approved Date 10/31/2023

How to read your results

This test report shows the final result, threshold, and interpretation for each analyte.

The Final Result is how much of a contaminant is in your drinking water.

The Threshold is the maximum amount of a contaminant that is accepted for drinking water based on federal or state guidelines.

The Interpretation lets you know if your result is over the threshold. A blank space means your sample was below the threshold.

Some results show less than or greater than symbols.

The < means "less than," <0.10 would be "less than 0.10". If you receive a "less than" result, there is nothing to report for that analyte.

The > means "greater than," >300 would be "greater than 300".

For guidance and information on treatment options:

Specific contaminants: www.HealthVermont.gov/water-a-z

Treatment options: www.HealthVermont.gov/water/treatment

Lead testing requirements for schools and child care facilities: www.HealthVermont.gov/lead-testing

Public/Private water testing: www.HealthVermont.gov/water-what-to-test

Sample Information

Sample Desc. Munic FI Sample Type Routine/Comp
Collection Date 10/23/2023 Collection Type N/A
Collection Time 07:00 Free Chlorine Residual N/A
Sampled By Helen Miller Total Chlorine Residual N/A
Sampling Location Kitchen Sink Chlorinated? N/A
Street Address 406 VT Rte 15 Field Temp. N/A
Town Underhill State VT Field Fluoride 1.0 mg/L
Temp at Receipt N/A

If you have received this document in error or if you have questions about this report, please call 802-338-4724

Please tell us about your experience with the VDH Laboratory by completing the customer survey at https://www.healthvermont.gov/lab

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Test Fluoride

Date/Time of Analysis 10/30/2023 10:07
Test Method LCHAT 10-109-12-2-A

Analyte	Final Result	Units	Threshold	Interpretation
Fluoride	0.7	mg/L	4.0 MCL	

Units of Measurement and Definitions:

N/A = Not Applicable; mg/L = Milligrams per liter or ppm (parts per million); ug/L = Micrograms per liter or ppb (parts per billion); < = less than; TON = Threshold Odor Number; MCL = Maximum Contaminant Level; SMCL = Secondary Maximum Contaminant Level; MRDL = Maximum Residual Disinfectant Level; VHA = Vermont Health Advisory; VMCL = Vermont Maximum Contaminant Level; NLE = No Limit Established; AL (Action Level) = Level at or above which a water treatment action is determined for public water supplies and should be considered for private supplies. These results are for a grab sample; collected at one location and at one point in time unless otherwise noted.

Unless otherwise noted all analyses performed under NELAP certification have complied with all the requirements for the TNI standard.

Test results relate only to the samples tested and are representative of the samples as they were received at the laboratory.

This is a public record. Information contained in this report may be used for statistical purposes and may be released upon request, pursuant to Vermont Access to Public Documents law (1 V.S.A. 315-320). For guidance and treatment recommendations, please visit www.healthvermont.gov/water-contaminants.

This report shall not be reproduced, except in full, without the written approval of the laboratory.

Test Report Authorized By: Jill S. Warrington
Laboratory Director

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