

**Laboratory Report**



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

PROJECT: WSID 5096 TC

WORK ORDER: 2203-06916

DATE RECEIVED: March 21, 2022

DATE REPORTED: March 23, 2022

SAMPLER: Mike J.

**VT0005096**

001 Site: 45 Poker Hill Rd. Date Sampled: 3/21/22 Time: 15:15

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.
Free Chlorine Residual (Field Result):	0.2	ppm					
Total Coliform	Absent	/100 mL	SM20 9223B(04)	3/22/22 14:28	W AKJ	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	3/22/22 14:28	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 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

[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

2203-06916

Endyne Inc. COC

Bill to: ncy  
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  
kirk@champlinassociates.com;nanc

Prepared: 2/14/22  
Cust # 1000  
VT0005096  
TC0005096



Jericho Underhill Water  
WSID 5096 TC

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

Mike J.

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N

Chlorine, Free: 0.2 mg/L

001 45 Poker Hill Rd.

Sampled Date/Time: 3/21/22 @ 3:15 am

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

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

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

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

Chlorine, Total: \_\_\_\_\_ mg/L

CHLORINATED

Relinquished by: Mike J. 3/21/22 Date Time

Accepted by: \_\_\_\_\_ Date Time

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

Received by: [Signature] 3/21/22 1620 Date Time

Sites/Parameters correct as listed. Client Initials MJ

Client Authorization to use Subcontract lab Client Initials MJ

Sample origin: VT  NH  NY  Other

Special reporting instructions: (PO#) \_\_\_\_\_

Requested Turnaround Time: Routine: Rush Due Date \_\_\_\_\_

Delv: <u>ack</u>	Tmpl Ck	<u>COC</u>
Temp C: <u>13.2</u>	Log by	
Comment:		



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