

**Results Report**

**State Health Dept # : 13-IC-03701**

**Report To** JERICO UNDERHILL WATER  
**ATTN OF** MARC MAHEUX  
**Address** PO BOX 174  
  
UNDERHILL, VT 05489

**WSID** VT0005096  
**Account Name** JERICO UNDERHILL WATER  
**Date Received** 08/14/2014  
**Time Received** 08:22  
**Approved Date** 08/18/2014

|                          |               |                                |              |
|--------------------------|---------------|--------------------------------|--------------|
| <b>Sample Desc.</b>      | Munic FI      | <b>Sample Type</b>             | Routine/Comp |
| <b>Collection Date</b>   | 08/13/2014    | <b>Free Chlorine Residual</b>  |              |
| <b>Collection Time</b>   | 07:00         | <b>Total Chlorine Residual</b> |              |
| <b>Sampled By</b>        | Helen Miller  | <b>Chlorinated?</b>            |              |
| <b>Sampling Location</b> | Kitchen Sink  | <b>Field Temp.</b>             |              |
| <b>Street Address</b>    | 406 VT Rte 15 | <b>Field Fluoride</b>          | 1.1 mg/L     |
| <b>Town</b>              | Underhill     | <b>Temp at Receipt</b>         |              |

**Test** *Fluoride*

**Date/Time of Analysis** 08/14/2014 15:00  
**Test Method:** LACHAT 10-109-12-2-A

| Analyte  | Final Result | Units | Limit   |
|----------|--------------|-------|---------|
| Fluoride | 0.7          | mg/L  | 4.0 MCL |

**Units of Measurement and Definitions:**

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.

The test results included on this report meet all National Environmental Laboratory Accreditation Program requirements unless noted otherwise.

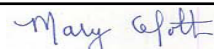
Test results relate only to the samples tested and are representative of the samples as they were received at the laboratory.

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**Test Report Authorized By:**



Mary Celotti, Laboratory Director

***If you have received this report in error or if you have questions about this report,  
please call the laboratory at (802) 863-7336.***