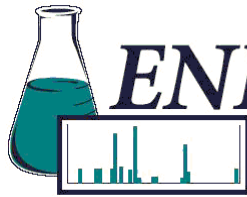


**Laboratory Report****ENDYNE Inc.**  
Environmental Laboratories

Jericho Underhill Water 100300  
P.O. Box 174  
Underhill, VT 05489  
Atten: Nancy Benson

PROJECT: WSID 5096 Jericho Underhill SP

WORK ORDER: **2608-28676**

DATE RECEIVED: August 12, 2026

DATE REPORTED: August 13, 2026

SAMPLER: Ryan Cotnoir

**VT0005096**

001 Site: WSID 5096, 388 Rt 15-SYSTEM EVALUATION Date Sampled: 8/11/26 Time: 18:55

Facility ID: DS001 Smp Pt: TC001 Categ: TC Smp Type: SP Compl Ind: N Repl Ind: N

Free Chlorine Residual (Field Result): .37 ppm

| Parameter      | Result | Units   | Method              | Analysis Date/Time | Lab/Tech | NELAC | Qual. |
|----------------|--------|---------|---------------------|--------------------|----------|-------|-------|
| Total Coliform | ABSENT | /100 mL | SM20 9223B Colilert | 8/12/26 15:51      | R QMA    | A     |       |
| E. coli        | ABSENT | /100 mL | SM20 9223B Colilert | 8/12/26 15:51      | R QMA    | A     |       |

002 Site: WSID 5096, 392 Rt 15-SYSTEM EVALUATION Date Sampled: 8/11/26 Time: 19:20

Facility ID: DS001 Smp Pt: TC001 Categ: TC Smp Type: SP Compl Ind: N Repl Ind: N

Free Chlorine Residual (Field Result): .34 ppm

| Parameter      | Result | Units   | Method              | Analysis Date/Time | Lab/Tech | NELAC | Qual. |
|----------------|--------|---------|---------------------|--------------------|----------|-------|-------|
| Total Coliform | ABSENT | /100 mL | SM20 9223B Colilert | 8/12/26 15:51      | R QMA    | A     |       |
| E. coli        | ABSENT | /100 mL | SM20 9223B Colilert | 8/12/26 15:51      | R QMA    | 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:

Alexander J Rakotz  
Laboratory Director Lebanon, NH



160 James Brown Dr., Williston, VT 05495  
Ph 802-879-4333 Fax 802-879-7103

[www.endynelabs.com](http://www.endynelabs.com)

56 Etna Road, Lebanon, NH 03766  
Ph 603-678-4891 Fax 603-678-4893



WSID 5096

505

Total Coliform

Endyne Inc. COC

2608-28676

## Bill to:

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

## Report to:

Joseph O'Brien  
Jericho Underhill Water  
P.O. Box 174  
Underhill VT 05489  
crystal@simonop.com;ryan@simonop.com

Prepared: 4/9/24

Cust # 100300

VT0005096

TC0005096



Jericho Underhill Water  
WSID 5096 Jericho Underhill

Was the water system chlorinated at the time of sample collection? Circle one: YES NOCircle Sample Type for each sample: RT RP SP

1 Sterile 120 mL Bottle per Sample

Sampler:

Ryan CotnoirFac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: .37 mg/L001 388 RT/ISBoil water  
Sampled Date/Time:08/11/26 @ 6:55am  
pm

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: .39 mg/L002 392 RT/ISBoil water  
Sampled Date/Time:08/11/26 @ 7:20am  
pm

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/L003

Sampled Date/Time:

/ / @am  
pm

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/L004

Sampled Date/Time:

/ / @am  
pm

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/L005

Sampled Date/Time:

/ / @am  
pm

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

CHLORINATED

Relinquished by: Ryan Cotnoir 08/12/26 7:45am

Date Time

Accepted by: \_\_\_\_\_

Relinquished by: \_\_\_\_\_

Date Time

Received by: eam 8/12/26 12:25

Date Time

Date Time

Sites/Parameters correct as listed. Client Initials \_\_\_\_\_

Client Authorization to use Subcontract lab Client Initials \_\_\_\_\_

Sample origin: VT ☐ NH ☐ NY ☐ Other ☐

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

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

Delv: \_\_\_\_\_

Temp C: 4.80

Comment: \_\_\_\_\_

Tmpl Ck \_\_\_\_\_

Log by \_\_\_\_\_

COC



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315 New York Rd.  
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Ph 518-563-1720  
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