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

WSID 5096

505

Total Coliform

Endyne Inc. COC

2608-28676

2608-28676

Jericho Underhill Water
WSID 5096 Jericho Underhill

Bill to:	Report to:	Prepared: 4/9/24	
Nancy	Joseph O'Brien	Cust # 100300	
Jericho Underhill Water	Jericho Underhill Water		
P.O. Box 174	P.O. Box 174	VT0005096	
Underhill VT 05489	Underhill VT 05489		
Ph: 802-363-4586	crystal@simonop.com;ryanc@simor	TC0005096	

Was the water system chlorinated at the time of sample collection? Circle one: ~~YES~~ **NO**

Sampler: Ryan Cotnoir

Circle Sample Type for each sample: RT RP (SP) 1 Sterile 120 mL Bottle per Sample

Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: RT RP (SP) Repl: Y / N Cmpl Ind: Y / N Chlorine, Free: .37 mg/L

001 388 Rt 15 Boil water Sampled Date/Time: 08/11/26@6:55 (am) (pm) Chlorine, Total: _____mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: RT RP (SP) Repl: Y / N Cmpl Ind: Y / N Chlorine, Free: .34 mg/L

002 392 Rt 15 Boil water Sampled Date/Time: 08/11/26@7:20 (am) (pm) Chlorine, Total: _____mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: RT RP SP Repl: Y / N Cmpl Ind: Y / N Chlorine, Free: _____mg/L

003_____ Sampled Date/Time: ___/___/___@_____ am pm Chlorine, Total: _____mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: RT RP SP Repl: Y / N Cmpl Ind: Y / N Chlorine, Free: _____mg/L

004_____ Sampled Date/Time: ___/___/___@_____ am pm Chlorine, Total: _____mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: RT RP SP Repl: Y / N Cmpl Ind: Y / N Chlorine, Free: _____mg/L

005_____ 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: am 8/12/26 12:25 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: Tmpl Ck COC
Temp C: 4.8c Log by
Comment:

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