

Laboratory Report



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

PROJECT: WSID 5096 TC RP
 WORK ORDER: 2206-17517
 DATE RECEIVED: June 30, 2022
 DATE REPORTED: July 01, 2022
 SAMPLER: Mike J.

VT0005096

001 Site: Well House Date Sampled: 6/30/22 Time: 15:15

Facility ID: WL001 Smp Pt: RW001 Categ: TC Smp Type: TG Compl Ind: Y Repl Ind: N

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM20 9223B(04)	6/30/22 17:42	W AKJ	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	6/30/22 17:42	W AKJ	A	

002 Site: 60 Maple Ridge Date Sampled: 6/30/22 Time: 15:50

Facility ID: DS001 Smp Pt: TC001 Categ: TC Smp Type: RP Compl Ind: Y Repl Ind: N Original Smp: 2206-17132-001

Free Chlorine Residual (Field Result): 0.4 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM20 9223B(04)	6/30/22 17:42	W AKJ	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	6/30/22 17:42	W AKJ	A	

003 Site: 70 Maple Ridge Date Sampled: 6/30/22 Time: 16:05

Facility ID: DS001 Smp Pt: TC001 Categ: TC Smp Type: RP Compl Ind: Y Repl Ind: N Original Smp: 2206-17132-001

Free Chlorine Residual (Field Result): 0.2 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM20 9223B(04)	6/30/22 17:42	W AKJ	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	6/30/22 17:42	W AKJ	A	

004 Site: 52 Maple Ridge Date Sampled: 6/30/22 Time: 16:25

Facility ID: DS001 Smp Pt: TC001 Categ: TC Smp Type: RP Compl Ind: Y Repl Ind: N Original Smp: 2206-17132-001

Free Chlorine Residual (Field Result): 0.6 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM20 9223B(04)	6/30/22 17:42	W AKJ	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	6/30/22 17:42	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.

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



Reviewed by:



Harry B. Locker, Ph.D.
Laboratory Director

www.endynelabs.com



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WSID 5096

Total Coliform

2206-17517

Endyne Inc. COC

Bill to: Andy Foresburg, Underhill Water, PO Box 174, Underhill VT 05489, Ph: 802-363-4586

Report to: Andy Foresburg, Jericho Underhill Water, PO Box 174, Underhill VT 05489, jwater899@yahoo.com; kirk@cham...

Prepared: 8/12/20, Cust # 10030, VT0005096, TC0005096



Jericho Underhill Water, WSID 5096 TC RP

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

Sampler: Mike J.

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

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: mg/L, Chlorine, Total: mg/L. Sample: 001 Well House, 6/30/22 @ 3:15

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 0.4 mg/L, Chlorine, Total: mg/L. Sample: 002 60 Maple Ridge, 6/30/22 @ 3:50

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, Chlorine, Total: mg/L. Sample: 003 70 Maple Ridge, 6/30/22 @ 4:05

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 0.6 mg/L, Chlorine, Total: mg/L. Sample: 004 52 Maple Ridge, 6/30/22 @ 4:25

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: mg/L, Chlorine, Total: mg/L. Sample: 005, / / @

CHLORINATED

Relinquished by: [Signature] 6/30/22 Date Time Accepted by: [Signature] 6/30/22 @ 1701 Date Time

Relinquished by: Date Time Received by: Date Time

Sites/Parameters correct as listed. Client Initials MT Date Time Date Time

Client Authorization to use Subcontract lab Client Initials MT

Sample origin: VT [checked] NH [] NY [] Other []

Reporting instructions: (PO#)

Requested Turnaround Time: Routine: Rush Due Date

Delv: Client Temp C: 14.0 Comment: 2206-17132-001 Tmpl Ck Log by Lab use Only