

Drinking Water Results Report

State Health Dept # 21-IC-06214
Report Status Final
Date Report Released 05/17/2022

Report To Jericho Underhill Water
ATTN of Mike Johnson
Address PO Box 174
Underhill, VT 05489

WSID VT0005096
Account Name Jericho Underhill Water
Date Received 05/04/2022
Time Received 14:23
Approved Date 05/17/2022

Sample Desc.	Munic FI	Sample Type	Routine/Comp
Collection Date	05/02/2022	Collection Type	N/A
Collection Time	06:45	Free Chlorine Residual	N/A
Sampled By	Helen Miller	Total Chlorine Residual	N/A
Sampling Location	Kitchen Sink	Chlorinated?	N/A
Street Address	406 VT Rte 15	Field Temp.	N/A
Town	Underhill	Field Fluoride	0.8 mg/L
	State VT	Temp at Receipt	N/A

Test **Fluoride** Date/Time of Analysis 05/10/2022
Test Method LACHAT 10-109-12-2-A

Analyte	Final Result	Units	Limit
Fluoride	0.4	mg/L	4.0 MCL

Units of Measurement and Definitions:

N/A = Not Applicable; 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. These results are for a grab sample; collected at one location and at one point in time unless otherwise noted.

Unless otherwise noted all analyses performed under NELAP certification have complied with all the requirements for the TNI standard.

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

This is a public record. Information contained in this report may be used for statistical purposes and may be released upon request, pursuant to Vermont Access to Public Documents law (1 V.S.A. 315-320). For guidance and treatment recommendations, please visit www.healthvermont.gov/water-contaminants.

This report shall not be reproduced, except in full, without the written approval of the laboratory.

Test Report Authorized By: Jessica Eisenhauer
Laboratory Program Chief - Chemistry

If you have received this document in error or if you have questions about this report, please call 802-338-4724

Please tell us about your experience with the VDH Laboratory by completing the customer survey at <https://www.healthvermont.gov/lab>

Fluoride Test Results

You have been provided with this test result for fluoride in your private well water as part of an effort to prevent early tooth decay in Vermont children (Early Childhood Caries).

Your healthcare provider has also received a copy of your well water test result too. Please contact that office to discuss a fluoride prescription, if indicated according to the chart below.

Dietary Fluoride Supplement Schedule - 2010

Approved by the
American Dental Association
American Academy of Pediatrics
American Academy of Pediatric Dentistry

Child's Age	Fluoride in Drinking water (ppm)		
	Less than 0.30 ppm	0.30-0.60 ppm	Greater than 0.60 ppm
Birth- 6 months	None	None	None
6 months-3 years	0.25 mg/day	None	None
3-6 years	0.50 mg/day	0.25 mg/day	None
6-16 years	1.00 mg/day	0.50 mg/day	None

Fluoride occurs naturally in most water systems, but often at levels too low to prevent tooth decay. The optimal fluoride level in public drinking water systems is 0.70 parts per million of water, just enough to prevent tooth decay.

To assure that your pre-schooled age child has the best dental health possible:

1. Make sure he/she is receiving the appropriate amount of fluoride either in their drinking water or from a prescription of drops or tablets.
2. When teeth are present, brush them with a smear or peas size amount of toothpaste twice a day.
3. Do not put your baby to sleep with a bottle filled with milk, juice, sugary drinks or breast milk.
4. Exchange the bottle for a cup by the age of one.
5. Take you baby to the dentist at age one! The American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD) recommend that children be seen by a dentist within 6 months of eruption of the first tooth or 12 months of age, whichever comes first.
6. Remember to fill your child's fluoride prescription to maintain the benefits of healthy teeth.
7. Keep your teeth healthy. Bacteria causing tooth decay are transmissible through our saliva.

Questions? Call: Office of Oral Health
802-863-7330 or toll free 1-866-311-5622



Drinking Water Results Report

State Health Dept # 21-IC-06215
Report Status Final
Date Report Released 05/19/2022

Report To Jericho Underhill Water
ATTN of Mike Johnson
Address PO Box 174
Underhill, VT 05489

WSID VT0005096
Account Name Jericho Underhill Water
Date Received 05/11/2022
Time Received 08:14
Approved Date 05/19/2022

Sample Desc.	Munic FI	Sample Type	Routine/Comp
Collection Date	05/09/2022	Collection Type	N/A
Collection Time	07:00	Free Chlorine Residual	N/A
Sampled By	Helen Miller	Total Chlorine Residual	N/A
Sampling Location	Kitchen Sink	Chlorinated?	N/A
Street Address	406 VT Rte 15	Field Temp.	N/A
Town	Underhill	Field Fluoride	0.6 mg/L
	State VT	Temp at Receipt	N/A

Test *Fluoride* Date/Time of Analysis 05/16/2022
Test Method LACHAT 10-109-12-2-A

Analyte	Final Result	Units	Limit
Fluoride	0.5	mg/L	4.0 MCL

Units of Measurement and Definitions:

N/A = Not Applicable; 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. These results are for a grab sample; collected at one location and at one point in time unless otherwise noted.

Unless otherwise noted all analyses performed under NELAP certification have complied with all the requirements for the TNI standard.

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

This is a public record. Information contained in this report may be used for statistical purposes and may be released upon request, pursuant to Vermont Access to Public Documents law (1 V.S.A. 315-320). For guidance and treatment recommendations, please visit www.healthvermont.gov/water-contaminants.

This report shall not be reproduced, except in full, without the written approval of the laboratory.

Test Report Authorized By:	Jessica Eisenhauer Laboratory Program Chief - Chemistry
----------------------------	--

If you have received this document in error or if you have questions about this report, please call 802-338-4724

Please tell us about your experience with the VDH Laboratory by completing the customer survey at <https://www.healthvermont.gov/lab>

Fluoride Test Results

You have been provided with this test result for fluoride in your private well water as part of an effort to prevent early tooth decay in Vermont children (Early Childhood Caries).

Your healthcare provider has also received a copy of your well water test result too. Please contact that office to discuss a fluoride prescription, if indicated according to the chart below.

Dietary Fluoride Supplement Schedule - 2010

Approved by the
American Dental Association
American Academy of Pediatrics
American Academy of Pediatric Dentistry

Child's Age	Fluoride in Drinking water (ppm)		
	Less than 0.30 ppm	0.30-0.60 ppm	Greater than 0.60 ppm
Birth- 6 months	None	None	None
6 months-3 years	0.25 mg/day	None	None
3-6 years	0.50 mg/day	0.25 mg/day	None
6-16 years	1.00 mg/day	0.50 mg/day	None

Fluoride occurs naturally in most water systems, but often at levels too low to prevent tooth decay. The optimal fluoride level in public drinking water systems is 0.70 parts per million of water, just enough to prevent tooth decay.

To assure that your pre-schooled age child has the best dental health possible:

1. Make sure he/she is receiving the appropriate amount of fluoride either in their drinking water or from a prescription of drops or tablets.
2. When teeth are present, brush them with a smear or peas size amount of toothpaste twice a day.
3. Do not put your baby to sleep with a bottle filled with milk, juice, sugary drinks or breast milk.
4. Exchange the bottle for a cup by the age of one.
5. Take you baby to the dentist at age one! The American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD) recommend that children be seen by a dentist within 6 months of eruption of the first tooth or 12 months of age, whichever comes first.
6. Remember to fill your child's fluoride prescription to maintain the benefits of healthy teeth.
7. Keep your teeth healthy. Bacteria causing tooth decay are transmissible through our saliva.

Questions? Call: Office of Oral Health
802-863-7330 or toll free 1-866-311-5622

