

Laboratory Report



Simon Operation Services	070247
143 South Main Street	
Suite 1	
Waterbury, VT 05676	
Atten: Phyllis Simon	

PROJECT: WSID 5096 TC
 WORK ORDER: 2402-03253
 DATE RECEIVED: February 06, 2024
 DATE REPORTED: February 07, 2024
 SAMPLER: Ryan Cotnoir **VT0005096**

001	Site: 419 Rt. 13	Date Sampled: 2/6/24	Time: 10:00
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Facility ID: DS001 Smp Pt: TC001 Categ: TC Smp Type: RT Compl Ind: Y Repl Ind: N

Free Chlorine Residual (Field Result): 0.32 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM23 9223B(04)	2/6/24 14:14	W ECM	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	2/6/24 14:14	W ECM	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:

Harry B. Locker, Ph.D.
 Laboratory Director

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

Total Coliform

2402-03253

Endyne Inc. COC



2402-03253

Simon Operation Services
WSID 5096 TC

WSID 5096 JerichoUnderhill

To: Phyllis Simon
Simon Operation Services
13 South Main Street
Waterbury VT 05676
Phone: (802)244-7420

Report to: Phyllis Simon
Simon Operation Services
143 South Main Street
Waterbury VT 05676
Crystal@simonop.com; lanceperlee@

Prepared: 4/6/23
Cust # 0700
VT0005096
TC0005096

Sampler: *Kyran Corbett*

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

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: 32 mg/L
99RT13 Smpd Date/Time: 26 24/10/20 am 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/L
Smpd 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/L
Smpd 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/L
Smpd 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/L
Smpd Date/Time: ____/____/____ @ ____ am/pm Chlorine, Total: _____ mg/L

CHLORINATED

Relinquished by: *Kyran Corbett* 2/6/29 Date Time Accepted by: _____ Date Time
Relinquished by: _____ Date Time Received by: _____ 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: 6 Tmpl Ck _____ COC
Temp C: 71 Log by _____
Comment: _____



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