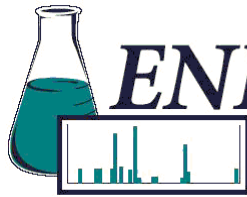


Laboratory Report**ENDYNE Inc.**
Environmental Laboratories

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

PROJECT: WSID 5096 JerichoUnderhill TC

WORK ORDER: 2608-30253

DATE RECEIVED: August 20, 2026

DATE REPORTED: August 21, 2026

SAMPLER: Ryan Cotnoir

VT0005096

001 Site: 7 Park St.

Date Sampled: 8/20/26

Time: 9:55

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

Free Chlorine Residual (Field Result): 0.56 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100mL	SM23 9223B (04)	8/20/26 16:15	W JCB	A	
E. coli	ABSENT	/100mL	SM23 9223B (04)	8/20/26 16:15	W JCB	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

ELAP 11263

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



NH2037

WSID 5096

Total Coliform

Endyne Inc. COC

2608-30253

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; ryanc@simonop.com

Prepared: 4/9/24

Cust # 1

VT0005096

TC0005096



Jericho Underhill Water
WSID 5096 Jericho Underhill

e 1 of 1

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

Sampler:

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: 56 mg/L001 7 Park St

Sampled Date/Time:

08/20/26 @ 9:55am
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: _____ mg/L

002 _____

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/L

003 _____

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/L

004 _____

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/L

005 _____

Sampled Date/Time:

____/____/____ @ ____

am
pm

Chlorine, Total: _____ mg/L

CHLORINATED

Relinquished by:

Ryan G. Smith 08/20/26

Date Time

Accepted by:

[Signature]

Date Time

Relinquished by:

Received by:

9/20/26 1435

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: 6

Comment:

Temp Ck

Log by

COC



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

315 New York Rd.
Plattsburgh, NY 12903
Ph 518-563-1720
Fax 518-563-0052