

Laboratory Report



Jericho Underhill Water 100300
PO Box 174
Underhill, VT 05489
Atten: Andy Foresburg

PROJECT: WSID 5096 JerichoUnderhill TC
WORK ORDER: 2012-34378
DATE RECEIVED: December 01, 2020
DATE REPORTED: December 02, 2020
SAMPLER: Kirk

VT0005096

001 Site: 419 VT RTE 15 Date Sampled: 12/1/20 Time: 10:11

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

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Free Chlorine Residual (Field Result):	0.21	ppm					
Total Coliform	Absent	/100 mL	SM20 9223B(04)	12/1/20 13:48	W AKJ	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	12/1/20 13:48	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: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



WSID 5096

Total Coliform

Endyne Inc. COC

2012-34378



Jericho Underhill Water
WSID 5096 JerichoUnderhill TC

Bill to:
Andy Foresburg
Jericho 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@chamf

Prepared: 8/12/20
Cust # 1003
VT0005096
TC0005096

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

KIRK

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: **RT RP SP** Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 0.21 mg/L

001 419 VT RTE 15 Sampled Date/Time: 12/1/20 @ 10:11 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

002 _____ Sampled Date/Time: ____/____/____ @ _____ 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: ____/____/____ @ _____ 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: ____/____/____ @ _____ 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: ____/____/____ @ _____ Chlorine, Total: _____ mg/L

CHLORINATED

Relinquished by: [Signature] 12/1/20 10:40 AM Accepted by: _____
Date Time Date Time
Relinquished by: _____ Received by: [Signature] 12/1/20 10:40
Date Time Date Time

Sites/Parameters correct as listed. Client Initials JP
Client Authorization to use Subcontract lab Client Initials JP
Sample origin: VT NH NY Other
Special reporting Instructions: (PO#) _____
Requested Turnaround Time: Routine: Rush Due Date _____

Delv. Ck Tmpl Ck Lab use Only
Temp C: 4.7 Log by _____
Comment: _____



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