Laboratory Report

ENDYNE Inc.
Environmental Laboratories

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

Atten: Nancy Benson

PROJECT: WSID 5096 TC BW
WORK ORDER: **2407-21603**
DATE RECEIVED: July 17, 2024
DATE REPORTED: July 18, 2024
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 119 Raceway Date Sampled: 7/17/24 Time: 10:04

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

Free Chlorine Residual (Field Result): 1.15 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100 mL	SM 9223B (-16)	7/17/24 16:53	W EPB	A	Cl2A
E. coli	ABSENT	/100 mL	SM 9223B (-16)	7/17/24 16:53	W EPB	A	

002 Site: 134 Raceway Rd. Date Sampled: 7/17/24 Time: 10:37

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

Free Chlorine Residual (Field Result): 0.45 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100 mL	SM 9223B (-16)	7/17/24 16:53	W EPB	A	Cl2A
E. coli	ABSENT	/100 mL	SM 9223B (-16)	7/17/24 16:53	W EPB	A	

CL2A: Sample was identified and submitted as non-chlorinated water. The DPD Chlorine Check indicated that chlorine or other oxidizer was present. The sample did not smell of Chlorine, so analysis was performed. The DPD analysis is a more sensitive screen, but is susceptible to interference. The presence of Chlorine will kill bacteria and bias the results low. Please contact the laboratory with questions.

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

WSID 5096

Total Coliform

Endyne Inc. COC

2407-21603

Jericho Underhill Water
WSID 5096 TC BW

Prepared: 4/9/24

Bill to:	Report to:
Nancy	Joseph O'Brien
Jericho Underhill Water	Jericho Underhill Water
P.O. Box 174	P.O. Box 174
Underhill VT 05489	Underhill VT 05489
Ph: 802-363-4586	clerk@juwater.org

Cust # 10

VT0005096

TC0005096

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

Sampler: Ryan Costello V

Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: **RT RP (SP)** Repl: **Y / N** Cmpl Ind: **Y / N** Chlorine, Free: 1.15 mg/L

001 119 Raceway Sampled Date/Time: 7/17/24 @ 10:04 (am) pm Chlorine, Total: _____mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: **RT RP (SP)** Repl: **Y / N** Cmpl Ind: **Y / N** Chlorine, Free: .45 mg/L

002 134 Raceway Rd Sampled Date/Time: 7/17/24 @ 10:37 (am) pm Chlorine, Total: _____mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctgy: 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 Ctgy: 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 Ctgy: 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 Costello 7/17/24 16:50 Date Time

Accepted by: _____

Relinquished by: _____ Date Time

Received by: _____ Date Time 7/17/24 1053

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: C
Temp C: 14.3
Comment:

Tmpl Ck
Log by

COC

Boil Water

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