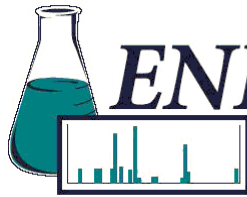


Laboratory Report**ENDYNE Inc.**
Environmental Laboratories

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

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

2407-21603

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
clerk@juwater.org

Prepared: 4/9/24

Cust # 10

VT0005096

TC0005096



2407-21603

Jericho Underhill Water
WSID 5096 TC BU

f 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: 1.15 mg/L

001

119 Raceway

Sampled Date/Time:

7/17/24 @ 10:04 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: .45 mg/L

002

134 Raceway Rd

Sampled Date/Time:

7/17/24 @ 10:37 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

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:

7/17/24 16:50

Accepted by:

Relinquished by:

Received by:

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
Temp C: 14.3
Comment:

Temp Ck
Log by

COC

Boil Water



160 James Brown Dr.
Williston, VT 05495
Ph 802-879-4333
Fax 802-879-7103

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

315 New York Rd.
Plattsburgh, NY 12903
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