

**Laboratory Report**



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

PROJECT: WSID 5096 TC  
WORK ORDER: 2311-34697  
DATE RECEIVED: November 01, 2023  
DATE REPORTED: November 02, 2023  
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 38 Poker Date Sampled: 11/1/23 Time: 11:58

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

Free Chlorine Residual (Field Result): 0.08 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100 mL	SM 9223B (-16)	11/1/23 14:48	W ECM	A	
E. coli	ABSENT	/100 mL	SM 9223B (-16)	11/1/23 14:48	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



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[www.endynelabs.com](http://www.endynelabs.com)

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



WSID 5096 JerichoUnderhill

Total Coliform

Endyne inc. COC

2311-34697

Bill to:

Report to:

Prepared: 4/6/23



2311-34697

Phyllis Simon  
Simon Operation Services  
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Ph: (802)244-7420

Phyllis Simon  
Simon Operation Services  
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Waterbury VT 05676  
Crystal@simonop.com;lanceperlee@

Cust # 070:  
VT0005096  
TC0005096

Simon Operation Services  
WSID 5096 TC

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: .08 mg/L

001 38 Potter

Sampled Date/Time: 11/1/23 @ 11:38 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

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 Cottrill 11/1/23 Date Time

Accepted by: \_\_\_\_\_ Date Time

Relinquished by: \_\_\_\_\_ Date Time

Received by: TR 11-1-23 1:34pm 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: <u>Client</u>	Temp C: <u>4.2c</u>	Comment:
Tmpl Ck	Log by	COC



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