

Laboratory Report



Jericho Underhill Water 100300
PO Box 174
Underhill, VT 05489
Atten: Michael Willard

PROJECT: WSID 5096 JerichoUnderhill TC
WORK ORDER: 2007-17122
DATE RECEIVED: July 09, 2020
DATE REPORTED: July 10, 2020
SAMPLER: AF

VT0005096

001 Site: 45 Poker Hill Rd Date Sampled: 7/8/20 Time: 20:45

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):	0.06	ppm					
Total Coliform	Absent	/100 mL	SM20 9223B(04)	7/9/20 13:41	W KMB	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	7/9/20 13:41	W KMB	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



Swater GAA@yahoo.com

WSID 5096 Jericho Underhill

Total Coliform

Endyne Inc. COC

2007-17122



2007-17122

Jericho Underhill Water
WSID 5096 Jericho Underhill TC

Bill to:

Sara Martin Owner
Champlin Associates, Inc
6 Pinecrest Drive
Essex Jct. VT 05452
Ph: 802-879-7136

Report to:

Dave Crawford
Champlin Associates, Inc
6 Pinecrest Drive
Essex Jct. VT 05452
kirk@champlinassociates.com

Prepared: 4/20/20

Cust # 101261

VT0005096

TC0005096

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

Sampler:

A Forsberg

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: 0.06 mg/L

001 45 Polehill Rd Sampled Date/Time: 7/8/20 @ 2048 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: Donald Crawford 8:27/7/19/20 Date Time Accepted by: Eileen Thomas 7/9/20 @ 8:27 Date Time

Relinquished by: _____ Date Time Received by: _____ Date Time

Sites/Parameters correct as listed. Client Initials DC

Client Authorization to use Subcontract lab Client Initials DC

Sample origin: VT NH NY Other

Special reporting instructions: (PO#) _____

Requested Turnaround Time: Routine: Rush Due Date _____

Delv: <u>Client</u>	Tmpl Ck	Lab use Only
Temp C: <u>21.5</u>	Log by	
Comment:		



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