Laboratory Report

ENDYNE Inc.
Environmental Laboratories

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

Atten: Nancy Benson

PROJECT: WSID 5096 TC
WORK ORDER: **2505-14443**
DATE RECEIVED: May 15, 2025
DATE REPORTED: May 16, 2025
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 38 Poker Hill Date Sampled: 5/15/25 Time: 10:20

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

Free Chlorine Residual (Field Result): 0.32 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100 mL	SM23 9223B(04)	5/15/25 14:14	W KMB	A	
E. coli	ABSENT	/100 mL	SM23 9223B(04)	5/15/25 14:14	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 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

2505-14443

2505-14443

Jericho Underhill Water
WSID 5096 TC

Bill to:	Report to:	Prepared: 4/9/24
Nancy	Joseph O'Brien	Cust # 10
Jericho Underhill Water	Jericho Underhill Water	
P.O. Box 174	P.O. Box 174	VT0005096
Underhill VT 05489	Underhill VT 05489	
Ph: 802-363-4586	crystal@simonop.com;ryanc@simor	TC0005096

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

Sampler: Ryan Gatnoir

Circle Sample Type for each sample: (RT) RP SP 1 Sterile 120 mL Bottle per Sample

Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: (RT) RP SP Repl: Y / N Cmpl Ind: Y / N Chlorine, Free: .32 mg/L

001 38 Poker Hill Sampled Date/Time: 05/15/25 @ 10:20 (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

002_____ 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

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 Gatnoir 05/15/2025 Date Time

Accepted by: _____ Date Time

Relinquished by: _____ Date Time

Received by: _____ 5/15/25 1130 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: G
Temp C: Ice a
Comment:

TmpLCk COC
Log by

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