

**Laboratory Report**



Jericho Underhill Water 100300  
P.O. Box 174  
Underhill, VT 05489  
Atten: Mike Johnson

PROJECT: WSID 5096 TC  
WORK ORDER: 2209-27419  
DATE RECEIVED: September 22, 2022  
DATE REPORTED: September 23, 2022  
SAMPLER: Mike J. **VT0005096**

001 Site: 45 Poker Hill Rd Date Sampled: 9/22/22 Time: 12:00

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

Free Chlorine Residual (Field Result): 0.0 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM20 9223B(04)	9/22/22 15:02	W AKJ	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	9/22/22 15:02	W AKJ	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



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

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

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



WSID 5096

Total Coliform

Endyne Inc. COC

2209-27419



2209-27419

Jericho Underhill Water  
WSID 5896 TC

Bill to:  
ndy Foresburg  
Jericho Underhill Water  
PO Box 174  
Underhill VT 05489  
Ph: 802-363-4586

Report to:  
Andy Foresburg  
Jericho Underhill Water  
PO Box 174  
Underhill VT 05489  
jwater899@yahoo.com;kirk@chamf

Prepared: 6/25/21  
Cust # 100300  
VT0005096  
TC0005096

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

Sampler:

Mike J.

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: 0.0 mg/L  
001 45 Poker Hill Rd. Sampled Date/Time: 9/22/22 @ 12:00 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: Mike J. 9/22/22 1:55 Accepted by: \_\_\_\_\_  
Date Time Date Time

Relinquished by: \_\_\_\_\_ Received by: Chia K 9/22/22 13:53  
Date Time Date Time

Sites/Parameters correct as listed. Client Initials MS

Client Authorization to use Subcontract lab Client Initials MS

Sample origin: VT  NH  NY  Other

Special reporting instructions: (PO#) \_\_\_\_\_

Requested Turnaround Time: Routine: Rush Due Date \_\_\_\_\_

Delv: <u>Chia K</u>	Tmpl Ck	<u>Lab use Only</u>
Temp C: <u>18.4</u>	Log by	
Comment:		



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