Laboratory Report

ENDYNE Inc.
Environmental Laboratories

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

PROJECT: WSID 5096 JerichoUnderhill TC
WORK ORDER: **2103-05292**
DATE RECEIVED: March 02, 2021
DATE REPORTED: March 03, 2021
SAMPLER: Andy **VT0005096**

001 Site: Kitchen Sink 45 Polar Hill Road Date Sampled: 3/1/21 Time: 19:30

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

Free Chlorine Residual (Field Result): 0.07 ppm

Parameter	Result	Units	Method	Analysis Date/Time		Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM20 9223B(04)	3/2/21	12:28	W AKJ	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	3/2/21	12:28	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: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

2103-05292

Jericho Underhill Water
WSID 5096 JerichoUnderhill TC

Bill to:	Report to:	
Andy Foresburg	Andy Foresburg	Cust # 10030
Jericho Underhill Water	Jericho Underhill Water	
PO Box 174	PO Box 174	VT0005096
Underhill VT 05489	Underhill VT 05489	
Ph: 802-363-4586	jwater899@yahoo.com;kirk@champ	TC0005096

Prepared: 8/12/20

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

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

Sampler: AGoresberg

Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: (RT) RP SP Repl: Y / N Cmpl Ind: Y / N Chlorine, Free: 0.07 mg/L

001 Kitchen Sink 45 Baker Hill Rd Sampled Date/Time: 3/1/21 @ 1930 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: ___/___/___@_____ 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: ___/___/___@_____ 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: ___/___/___@_____ 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: ___/___/___@_____ Chlorine, Total: _____ mg/L

CHLORINATED

Relinquished by: [signature] 3/2/21 8:55AM Date Time

Accepted by: _____ Date Time

Relinquished by: _____ Date Time

Received by: [signature] 3-2-21 8:55 Date Time

Sites/Parameters correct as listed. Client initials KP

Client Authorization to use Subcontract lab Client initials KP

Sample origin: VT [X] NH [ ] NY [ ] Other [ ]

Special reporting instructions: (PO#) _____

Requested Turnaround Time: Routine: Rush Due Date _____

Delv: Client Tmpl Ck

Temp C: 1.4/.5 Log by

Comment:

Lab use Only

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