

Laboratory Report



Jericho Underhill Water 100300
P.O. Box 174
Underhill, VT 05489
Atten: Nancy Benson

PROJECT: WSID 5096 TC
WORK ORDER: 2408-27807
DATE RECEIVED: August 29, 2024
DATE REPORTED: August 30, 2024
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 7 Park St. Date Sampled: 8/28/24 Time: 12:10

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

Free Chlorine Residual (Field Result): 0.39 ppm

| Parameter | Result | Units | Method | Analysis Date/Time | Lab/Tech | NELAC | Qual. |
|----------------|--------|---------|----------------|--------------------|----------|-------|-------|
| Total Coliform | ABSENT | /100 mL | SM 9223B (-16) | 8/29/24 13:10 | W EPB | A | |
| E. coli | ABSENT | /100 mL | SM 9223B (-16) | 8/29/24 13:10 | W EPB | 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

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



WSID 5096

Total Coliform

2408-27807

Endyne Inc. COC



2408-27807

Jericho Underhill Water
WSID 5096 TC

Bill to:
Nancy
Jericho Underhill Water
P.O. Box 174
Underhill VT 05489
Ph: 802-363-4586

Report to:
Joseph O'Brien
Jericho Underhill Water
P.O. Box 174
Underhill VT 05489
crystal@simonop.com;ryan@simor

Prepared: 4/9/24
Cust # 100
VT0005096
TC0005096

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

Ryan Cotnam

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: **RT RP SP** Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 39 mg/L

001 7 Park St Sampled Date/Time: 08/28/24 @ 12:10 ^{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 Cotnam* 08/29/24 11:00am Date Time Accepted by: _____ Date Time
Relinquished by: _____ Date Time Received by: *TK* 8-29-24 11:00am 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: <i>C. coli</i> | Tmpl Ck | <u>COC</u> |
| Temp C: <i>9.9c</i> | Log by | |
| Comment: | | |



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