

**Laboratory Report**



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

PROJECT: WSID 5096 TC  
WORK ORDER: 2208-21928  
DATE RECEIVED: August 08, 2022  
DATE REPORTED: August 09, 2022  
SAMPLER: Mike J. **VT0005096**

001 Site: 7 Park St. Date Sampled: 8/8/22 Time: 9:05

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

Free Chlorine Residual (Field Result): 0.1 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM20 9223B(04)	8/8/22 15:55	W AKJ	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	8/8/22 15:55	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

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

WSID 5096

Total Coliform

2208-21928

Endyne Inc. COC



2208-21928

Bill to:

Andy 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@champ

Prepared: 6/25/21

Cust # 10

VT0005096

TC0005096

Jericho Underhill Water  
WSID 5096 TC

of 1

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: 0.1 mg/L

001 7 Park St.

Sampled Date/Time: 8/8/22 @ 9:05 am

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. 8/8/22 Date Time

Accepted by: \_\_\_\_\_ Date Time

Relinquished by: \_\_\_\_\_ Date Time

Received by: [Signature] 8/8/22 1103 Date Time

Sites/Parameters correct as listed. Client Initials MJ

Client Authorization to use Subcontract lab Client Initials MJ

Sample origin: VT  NH  NY  Other

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

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

Delv: <input checked="" type="checkbox"/>	Tmpl Ck	Lab use Only
Temp C: 18.7	Log by	
Comment:		



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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

315 New York Rd.  
Plattsburgh, NY 12903  
Ph 518-563-1720  
Fax 518-563-0052