

Laboratory Report



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

PROJECT: WSID 5096 TC
WORK ORDER: 2212-34977
DATE RECEIVED: December 07, 2022
DATE REPORTED: December 08, 2022
SAMPLER: Mke J. **VT0005096**

001 Site: 419 Rt. 15 Date Sampled: 12/7/22 Time: 9:15

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

Free Chlorine Residual (Field Result): 0.2 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM23 9223B(04)	12/7/22 15:00	W AKJ	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	12/7/22 15:00	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



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



WSID 5096

Total Coliform

Endyne Inc. COC

2212-34977

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@chamr

Prepared: 8/12/20

Cust # 100
VT0005096
TC0005096



Jericho Underhill Water
WSID 5096 TC

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: 0.2 mg/L

001 419 RT 15 Sampled Date/Time: 12/7/22 @ 9:15 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. 12/7/22 10:40 Accepted by: _____
Date Time Date Time
Relinquished by: _____ Received by: _____
Date Time 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

Reporting instructions: (PO#) _____

Requested Turnaround Time: Routine: Rush Due Date _____

Delv: <u>oe</u>	Tmpl Ck	Lab use Only
Temp C: <u>9.8</u>	Log by	
Comment:		



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