

Laboratory Report

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

PROJECT: WSID 5096 TC

WORK ORDER: 2503-06002

DATE RECEIVED: March 04, 2025

DATE REPORTED: March 05, 2025

SAMPLER: Ryan Cotnoir

VT0005096

001 Site: 38 Poker Hill Date Sampled: 3/4/25 Time: 11:15

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

Free Chlorine Residual (Field Result): 0.48 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100 mL	SM23 9223B(04)	3/4/25 15:17	W EPB	A	
E. coli	ABSENT	/100 mL	SM23 9223B(04)	3/4/25 15:17	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



www.endynelabs.com

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

ELAP 11263

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



NH2037

WSID 5096

Total Coliform

Endyne Inc. COC

2503-06002

Labiles WO#

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@simonop.com

Prepared: 4/9/24

Cust # 1003

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

Circle Sample Type for each sample: ☒ RT ☐ RP ☐ SP

1 Sterile 120 mL Bottle per Sample

Sampler

Ryan Cotnoir

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: ☒ RT ☐ RP ☐ SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: .98 mg/L

001 38 poker Hill

Sampled Date/Time:

03/04/25 @ 11:15

☒ 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 Cotnoir 03/04/2025

Date Time

Accepted by:

Date Time

Relinquished by:

_____/_____/_____ @ _____

Date Time

Received by:

_____/_____/_____ @ _____

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: 6

Temp C: 2.3

Comment:

Tmpl Ck

Log by

COC



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

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