

Laboratory Report



Jericho Underhill Water 100300
PO Box 174
Underhill, VT 05489
Atten: Michael Willard

PROJECT: WSID 5096 JerichoUnderhill TC
WORK ORDER: 2004-09057
DATE RECEIVED: April 23, 2020
DATE REPORTED: April 24, 2020
SAMPLER: Kirk Patch

VT0005096

001 Site: 8 River Road Date Sampled: 4/22/20 Time: 10:00

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

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Free Chlorine Residual (Field Result):	0.21	ppm					
Total Coliform	Absent	/100 mL	SM20 9223B(04)	4/23/20 14:17	W TEL	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	4/23/20 14:17	W TEL	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

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 Jericho Underhill

Total Coliform

2004-09057

Endyne Inc. COC

Bill to: OWNER
~~State Media~~
~~Champlin Associates, Inc~~
~~6 Pinecrest Drive~~
~~Essex Jct VT 05452~~
~~802-879-4333~~

Report to:
Dave Crawford
Champlin Associates, Inc
6 Pinecrest Drive
Essex Jct. VT 05452
kirk@champlinassociates.com;dave

Prepared: 4/20/20

Cust # 1C

VT0005096

TC0005096



Jericho Underhill Water
WSID 5096 JerichoUnderhill TC

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

Kirk/Andy

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N

Chlorine, Free: 0.21 mg/L

001 8 RIVER ROAD

Sampled Date/Time: 4/22/20 @ 10:00am

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: Jim Patch 4/22/20
Date Time

Accepted by: _____
Date Time

Relinquished by: _____
Date Time

Received by: Chlorine 4/23/20 11:22
Date Time

Sites/Parameters correct as listed. Client Initials KP

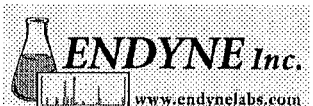
Client Authorization to use Subcontract lab Client Initials KP

Sample origin: VT NH NY Other

Special reporting instructions: (PO#) _____

Requested Turnaround Time: Routine: Rush Due Date _____

Delv: <u>Client</u>	Tmpl Ck	Lab use Only
Temp C: <u>18.5</u>	Log by	
Comment:		



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