

Laboratory Report



Jericho Underhill Water 100300
PO Box 174
Underhill, VT 05489
Atten: Andy Forsberg

PROJECT: WSID 5096 JerichoUnderhill TC

WORK ORDER: 2008-21158

DATE RECEIVED: August 11, 2020

DATE REPORTED: August 12, 2020

SAMPLER: Kirk Patch

VT0005096

001 Site: United Church 7 Park Street Date Sampled: 8/11/20 Time: 7:21

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):	0.18	ppm					
Total Coliform	Absent	/100 mL	SM20 9223B(04)	8/11/20 16:00	W KMB	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	8/11/20 16:00	W KMB	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



Jericho Underhill Water District

WSID# 5096

Total Coliform
Endyne Inc. COC

2008-21158

Bill to:
Jericho Underhill
WATER DISTRICT

Report to:
Andy
Jwater899@yahoo.com
Kirk
kirk@champtonassociates.com

Prepared: 3/23/20
Cust # 1007
VT0000000
TC0000000



Jericho Underhill Water
WSID 5096 JerichoUnderhill TC

Ph: _____
email: _____

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:
Kirk

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N
001 United Church
7 Park St
Sampled Date/Time: 8/11/20 @ 7:21am

Chlorine, Free: 0.18 mg/L
Chlorine, Total: _____ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N
002
Sampled Date/Time: ____/____/____ @ ____

Chlorine, Free: _____ mg/L
Chlorine, Total: _____ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N
003
Sampled Date/Time: ____/____/____ @ ____

Chlorine, Free: _____ mg/L
Chlorine, Total: _____ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N
004
Sampled Date/Time: ____/____/____ @ ____

Chlorine, Free: _____ mg/L
Chlorine, Total: _____ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N
005
Sampled Date/Time: ____/____/____ @ ____

Chlorine, Free: _____ mg/L
Chlorine, Total: _____ mg/L

CHLORINATED

NON-CHLORINATED

Relinquished by: Jim Patch 8/11/20 12:18pm
Accepted by: _____
Date Time

Relinquished by: _____ Received by: John Wood 8/11/20 12:18
Date Time

Sites/Parameters correct as listed. Client Initials KP Date Time

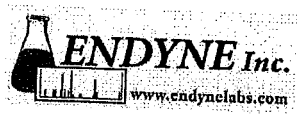
Client Authorization to use Subcontract lab Client Initials KP

Sample origin: VT NH NY Other

Special reporting instructions: (PO#) _____

Requested Turnaround Time: Routine: Rush Due Date _____

Delv: Client	Tmpl Ck	Lab use Only
Temp C: 3.6°C	Log by	
Comment:		



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Lebanon, NH 03766
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