

Laboratory Report



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

PROJECT: WSID 5096 TC
WORK ORDER: 2604-12080
DATE RECEIVED: April 22, 2026
DATE REPORTED: April 23, 2026
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 8 River Rd Date Sampled: 4/22/26 Time: 8:55

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

Free Chlorine Residual (Field Result): 0.43 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100mL	SM23 9223B (04)	4/22/26 15:25	W JCB	A	
E. coli	ABSENT	/100mL	SM23 9223B (04)	4/22/26 15:25	W JCB	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



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

WSID 5096

Total Coliform
Endyne Inc. COC

2604-12080



Jericho Underhill Water
WSID 5096 TC

Bill to:
Nancy Benson
Jericho Underhill Water
P.O. Box 174
Underhill VT 05489
Ph: 802-899-3017

Report to:
Nancy Benson
Jericho Underhill Water
P.O. Box 174
Underhill VT 05489
mmaheux@juwater.org;clerk@juwal

Prepared: 7/15/25
Cust # 1003
VT0005096
TC0005096

Was the water system chlorinated at the time of sample collection? Circle one: YES NO

Sampler:

Kym Cotnoir

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: 1.73 mg/L

8 River Road
001

Sampled Date/Time: 04/22/26 @ 8:55 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

Fac.ID: WL00_ Smp Pt: RW00_ Ctg: TC Smp Typ: TG Repl: Y/N Cmpl Ind: Y/N

Source

Sampled Date/Time: ___/___/___ @ ___ am ___ pm

CHLORINATED

Relinquished by: *Kym Cotnoir* 04/22/26 Accepted by: _____

Date Time

Date Time

Relinquished by: _____ Received by: *TR* 4-22-26 11:21am

Date Time

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: *Client*
Temp C: *4.4c*
Comment: One or more sample bottles in this project must be kept refrigerated or on ice until delivery at the laboratory.
Initial here allow Endyne to proceed with analysis if the temperature preservation requirements are not satisfied. _____ Initial
Samples were received in the lab on ice. Y N



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

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

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