

Laboratory Report



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

PROJECT: WSID 5096 TC
WORK ORDER: 2602-04887
DATE RECEIVED: February 18, 2026
DATE REPORTED: February 19, 2026
SAMPLER: Ryan Cotnoir **VT0005096**

001 Site: 419 Rt. 15 Date Sampled: 2/18/26 Time: 9:30

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

Free Chlorine Residual (Field Result): 0.32 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100mL	SM23 9223B (04)	2/18/26 15:55	W JCB	A	
E. coli	ABSENT	/100mL	SM23 9223B (04)	2/18/26 15:55	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



160 James Brown Dr., Williston, VT 05495
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Ph 603-678-4891 Fax 603-678-4893



WSID 5096

Total Coliform
Endyne Inc. COC

2602-04887



2602-04887

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 # 10
VT0005096
TC0005096

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

Ryan Cotnoir

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: **RT RP SP** Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 32 mg/L

419 R+15
001

Sampled Date/Time:

02/18/26 @ 9:30 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: *Ryan Cotnoir* 02/18/26 Date Time Accepted by: _____ Date Time
Relinquished by: _____ Date Time Received by: *[Signature]* 2/18/26 12:15 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: *✓*
Temp C: 14.4
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** *(Y)*



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