



DEPARTMENT OF HEALTH LABORATORY

359 SOUTH PARK DRIVE
COLCHESTER, VT 05446
(802) 338-4724 or (800) 660-9997 (VT only)
www.healthvermont.gov

Drinking Water Results Report

State Health Dept # 22-IC-02209
Report Status Final
Date Report Released 06/14/2022

Report To Jericho Underhill Water
ATTN of Mike Johnson
Address PO Box 174
Underhill, VT 05489

WSID VT0005096
Account Name Jericho Underhill Water
Date Received 06/08/2022
Time Received 08:15
Approved Date 06/14/2022

Sample Desc. Munic Fl
Collection Date 06/06/2022
Collection Time 07:30
Sampled By Helen Miller
Sampling Location N/A
Street Address 406 Vt Rte 15
Town Underhill State VT

Sample Type Routine/Comp
Collection Type N/A
Free Chlorine Residual N/A
Total Chlorine Residual N/A
Chlorinated? N/A
Field Temp. N/A
Field Fluoride 0.8 mg/L
Temp at Receipt N/A

Test Fluoride Date/Time of Analysis 06/13/2022
Test Method LCHAT 10-109-12-2-A

Table with 4 columns: Analyte, Final Result, Units, Limit. Row 1: Fluoride, 0.4, mg/L, 4.0 MCL

Units of Measurement and Definitions:

N/A = Not Applicable; mg/L = Milligrams per liter or ppm (parts per million); ug/L = Micrograms per liter or ppb (parts per billion); < = less than; TON = Threshold Odor Number; MCL = Maximum Contaminant Level; SMCL = Secondary Maximum Contaminant Level; MRDL = Maximum Residual Disinfectant Level; VHA = Vermont Health Advisory; VMCL = Vermont Maximum Contaminant Level; NLE = No Limit Established; AL (Action Level) = Level at or above which a water treatment action is determined for public water supplies and should be considered for private supplies. These results are for a grab sample; collected at one location and at one point in time unless otherwise noted.

Unless otherwise noted all analyses performed under NELAP certification have complied with all the requirements for the TNI standard.
Test results relate only to the samples tested and are representative of the samples as they were received at the laboratory.
This is a public record. Information contained in this report may be used for statistical purposes and may be released upon request, pursuant to Vermont Access to Public Documents law (1 V.S.A. 315-320). For guidance and treatment recommendations, please visit www.healthvermont.gov/water-contaminants.
This report shall not be reproduced, except in full, without the written approval of the laboratory.

Test Report Authorized By: Jessica Eisenhauer
Laboratory Program Chief - Chemistry

If you have received this document in error or if you have questions about this report, please call 802-338-4724

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Drinking Water Results Report

State Health Dept # 22-IC-02180
Report Status Final
Date Report Released 06/07/2022

Report To Jericho Underhill Water
ATTN of Mike Johnson
Address PO Box 174
Underhill, VT 05489

WSID VT0005096
Account Name Jericho Underhill Water
Date Received 05/25/2022
Time Received 09:21
Approved Date 06/07/2022

Sample Desc. Munic FI
Collection Date 05/23/2022
Collection Time 07:00
Sampled By Helen Miller
Sampling Location Kitchen Sink
Street Address 406 VT Rte 15
Town Underhill State VT
Sample Type Routine/Comp
Collection Type N/A
Free Chlorine Residual N/A
Total Chlorine Residual N/A
Chlorinated? N/A
Field Temp. N/A
Field Fluoride 0.6 mg/L
Temp at Receipt N/A

Test Fluoride
Date/Time of Analysis 06/01/2022
Test Method LCHAT 10-109-12-2-A

Table with 4 columns: Analyte, Final Result, Units, Limit. Row 1: Fluoride, 0.4, mg/L, 4.0 MCL

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Test Report Authorized By: Jessica Eisenhauer
Laboratory Program Chief - Chemistry

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Drinking Water Results Report

State Health Dept # 22-IC-02181
Report Status Final
Date Report Released 06/07/2022

Report To Jericho Underhill Water
ATTN of Mike Johnson
Address PO Box 174
Underhill, VT 05489

WSID VT0005096
Account Name Jericho Underhill Water
Date Received 06/02/2022
Time Received 09:04
Approved Date 06/07/2022

Sample Desc. Munic FI
Collection Date 05/30/2022
Collection Time 08:00
Sampled By Helen Miller
Sampling Location Kitchen Sink
Street Address 406 VT Rte 15
Town Underhill State VT
Sample Type Routine/Comp
Collection Type N/A
Free Chlorine Residual N/A
Total Chlorine Residual N/A
Chlorinated? N/A
Field Temp. N/A
Field Fluoride 0.6 mg/L
Temp at Receipt N/A

Test Fluoride
Date/Time of Analysis 06/06/2022
Test Method LACHAT 10-109-12-2-A

Analyte Final Result Units Limit
Fluoride 0.4 mg/L 4.0 MCL

Units of Measurement and Definitions:

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