



DEPARTMENT OF HEALTH LABORATORY

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

Results Report

State Health Dept #: 16-IC-02443
Report Status: Final
Date Report Released: 12/01/2016

Report To: Jericho Underhill Water
ATTN OF: Marc Maheux
Address: PO Box 174
Underhill, VT 05489

WSID: VT0005096
Account Name: Jericho Underhill Water
Date Received: 11/28/2016
Time Received: 08:56
Approved Date: 12/01/2016

Sample Desc.: Munic FI
Collection Date: 11/23/2016
Collection Time: 08:30
Sampled By: Helen Miller
Sampling Location: Kitchen Sink
Street Address: 406 VT Route 15
Town: Underhill
Sample Type: Routine/Comp
Free Chlorine Residual
Total Chlorine Residual
Chlorinated?
Field Temp.
Field Fluoride: 0.8 mg/L
Temp at Receipt

Table with 4 columns: Test, Analyte, Final Result, Units, Limit. Row 1: Fluoride, 0.7, mg/L, 4.0 MCL. Includes Date/Time of Analysis (11/30/2016 9:28) and Test Method (LACHAT 10-109-12-2-A).

Units of Measurement and Definitions:

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.

The test results included on this report meet all National Environmental Laboratory Accreditation Program requirements unless noted otherwise.

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).

This report shall not be reproduced, except in full, without the written approval of the laboratory.

Test Report Authorized By:

Mary Celotti (handwritten signature)

Mary Celotti, Laboratory Director

If you have received this report in error or if you have questions about this report, please call the laboratory at (802) 338-4724