

Laboratory Report



Jericho Underhill Water 100300
PO Box 174
Underhill, VT 05489
Atten: Michael Willard

PROJECT: WSID 5096 JerichoUnderhill TC
WORK ORDER: 2006-12647
DATE RECEIVED: June 03, 2020
DATE REPORTED: June 04, 2020
SAMPLER: Kirk

VT0005096

001 Site: 60 Maple Ridge Road Date Sampled: 6/2/20 Time: 16:42

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):	0.12	ppm					
Total Coliform	Absent	/100 mL	SM20 9223B(04)	6/3/20 13:30	W TEL	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	6/3/20 13:30	W TEL	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
 Report TO: Andy Faresberg Jwater899@yahoo.com
 Total Coliform

WSID 5096 Jericho Underhill

Endyne Inc. COC

2006-12647

Bill to: owner
~~Sara Martin~~
 Champlin Associates, Inc
 6 Pinecrest Drive
 Essex Jct VT 05452
 Ph: 802-879-7136

Report to:
 Dave Crawford
 Champlin Associates, Inc
 6 Pinecrest Drive
 Essec Jct. VT 05452
 kirk@champlinassociates.com;dave

Prepared: 4/20/20
 Cust # 1012
 VT0005096
 TC0005096



Jericho Underhill Water
 WSID 5096 JerichoUnderhill TC

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

Kirk

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: **RT** RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 0.12 mg/L
 001 60 maple ridge Rd Sampled Date/Time: 6/2/20 @ 4:42 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: ____/____/____ @ _____ 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: ____/____/____ @ _____ 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: ____/____/____ @ _____ 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: ____/____/____ @ _____ Chlorine, Total: _____ mg/L

CHLORINATED

Relinquished by: [Signature] 6/2/20 Accepted by: [Signature] 6/3/20 @ 8:40
 Relinquished by: [Signature] 6/3/20 8:37am Received by: _____

Sites/Parameters correct as listed. Client Initials RP Date Time _____

Client Authorization to use Subcontract lab Client Initials RP Date Time _____

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: 16.8	Log by	
Comment:		



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