

Laboratory Report



Simon Operation Services 070247
143 South Main Street
Suite 1
Waterbury, VT 05676
Atten: Phyllis Simon

PROJECT: WSID 5096 Jericho Underhill TC
WORK ORDER: 2306-17903
DATE RECEIVED: June 27, 2023
DATE REPORTED: June 29, 2023
SAMPLER: Ryan Cotnoir

VT0005096

001 Site: 60 Maple Ridge Road Date Sampled: 6/27/23 Time: 13:46

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

Free Chlorine Residual (Field Result): 0.13 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM23 9223B(04)	6/28/23 9:56	W ECM	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	6/28/23 9:56	W ECM	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 JerichoUnderhill

Total Coliform

Endyne Inc. COC

2306-17903

Bill to:

Report to:

Prepared: 4/8/23



Phyllis Simon
Simon Operation Services
143 South Main Street
Waterbury VT 05676
Ph: (802)244-7420

Phyllis Simon
Simon Operation Services
143 South Main Street
Waterbury VT 05676
Crystal@slmonop.com;lancaperlee@

Cust # 0702
VT0005096
TC0005096

Simon Operation Services
WSID 5096 TC

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

Sampler:

Ryan Cotnoir

Circle Sample Type for each sample: RT RP SP

1 Sterile 120 mL Bottle per Sample

ac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 15 mg/L

001 *60 Maple Ridge Rd*

Sampled Date/Time:

6/27/23 @ 1:46

am pm

Chlorine, Total: _____ mg/L

ac.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

ac.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

ac.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

ac.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

CHLORINATED

Relinquished by: *Ryan Cotnoir 6/27/23 1535* Accepted by: _____

Date Time

Date Time

Relinquished by: _____ Received by: *[Signature]*

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: <i>8</i>	Tmpl Ck	COC
Temp C: <i>4.9</i>	Log by	
Comment:		



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