

Laboratory Report

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

PROJECT: WSID 5476 Jericho FD1 TC

WORK ORDER: 1707-14543

DATE RECEIVED: July 05, 2017

DATE REPORTED: July 07, 2017

SAMPLER: Kirk Patch

VT0005476

001 Site: 8 Westview Date Sampled: 7/5/17 Time: 9:41

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

Free Chlorine Residual (Field Result): 0.47 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM20 9223B(97)	7/5/17 13:41	W CM	A	
e. coli	Absent	/100 mL	SM20 9223B(97)	7/5/17 13:41	W CM	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; "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 5476 Jericho FD 1

Total Coliform
Endyne Inc. COC

1707-14543

Bill to:

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

Report to:

Mark Simon
Simon Operation Services
143 South Main Street
Waterbury VT 05676
Crystal@simonop.com;kpatch@

Prepared: 10/9/16

Cust # 070

VT0005476

TC0005476



1707-14543

Simon Operation Services
WSID 5476 Jericho FD1 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

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: (RT) RP SP Repl: Y / N Cmpl Ind: (Y) / N Chlorine, Free: 0.47 mg/L

001 8 Westview Sampled Date/Time: 7/5/15 @ 9:41am 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

Relinquished by: Jim Patch 7/5/15 Accepted by: Eileen Loney 7/5/17 @ 10:39

Relinquished by: _____ Date Time _____ Received by: _____ Date Time _____

Sites/Parameters correct as listed. Client Initials RP

Client Authorization to use Subcontract lab Client Initials RP

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: 13.1 Log by _____
Comment: _____



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