## **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: 1708-17735

DATE RECEIVED: August 03, 2017

DATE REPORTED: August 04, 2017

SAMPLER: Kirk Patch VT0005476

Old Site: RT #2 83 Foothills Dr Date Sampled: 8/3/17 Time: 9:17

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

Free Chlorine Residual (Field Result): 0.33 ppm

Parameter Result Units Method Analysis Date/Time Lab/Tech **NELAC** Qual.  $/100 \ mL$ SM20 9223B(97) Total Coliform Absent 8/3/17 16:15 W RJL A

e. coli Absent /100 mL SM20 9223B(97) 8/3/17 16:15 W RJL

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



Α

## WSID 5476 Jericho FD 1

## **Total Coliform**

## Endyne Inc. COC

1708-17735





Simon Operation Services 143 South Main Street

Simon

Bill to:

Mark Simon Simon Operation Services

Report to:

Cust # 0702

1708-17735

Waterbury VT 05676 Ph: (802)244-7420 143 South Main Street
Waterbury VT 05676
Crystal@simonop.com;kpatch@

VT0005476

TC0005476

Simon Operation Services WSID 5476 Jericho FD1

Sampler: Was the water system chlorinated at the time of sample collection? Circle one: (YES) NO Circle Sample Type for each sample: (RT )RP SP 1 Sterile 120 mL Bottle per Sample Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: (RT RPSP Repl: Y/N Cmpl Ind(Y))N Chlorine, Free: 0.33 mg/ pt #2 813 117 @ 9:17am 001 83 Feethills DR. Sampled Date/Time: Chlorine, Total: Fac.ID: DS001 Smp Pt: TC001 Ctgy: 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 Ctgy: TC Smp Typ: RT RP SP Repl: Y / N Cmpl Ind: Y / N Chlorine, Free: mg/L Sampled Date/Time: Chlorine, Total: mg/L 003 FacilD: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: RT RP SP Repl: Y / N Cmpl Ind: Y / N Chlorine, Free: mg/L Chlorine, Total: \_\_\_\_mg/L Sampled Date/Time: Fac.ID: DS001 Smp Pt: TC001 Ctgy: TC Smp Typ: RT RP SP Repl: Y / N Cmpl Ind: Y / N Chlorine, Free: mg/L

Relinquished by: Peth G	3/3/17	Accepted by:	//	
Relinquished by:	Date Time	Received by:	Tuonay	7/3 @ //:20
Sites/Parameters correct as listed. Client Initials $\frac{1}{2}$	Date Time	00 -		Date Time
Client Authorization to use Subcontract lab Client Initials	Delv	r ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Tmpl Ck	<u>Lab use Only</u>
Sample origin: VT NH NY Other		ment:	Log by	
cial reporting instructions: (PO#)				
Requested Turnaround Time: Routine: Rush Due Date				

Sampled Date/Time:



005\_\_\_\_

Chlorine, Total: \_\_\_\_\_mg/L