

WSID 5476 Jericho FD 1

Total Coliform
Endyne Inc. COC

1708-17735



1708-17735

Simon Operation Services
WSID 5476 Jericho FD1 TC

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 # 0702
VT0005476
TC0005476

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

Sampler: KP

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: 0.33 mg/L
rt #2
 001 83 Feathills Dr. Sampled Date/Time: 8/3/17 @ 9:17am 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 Pettk 8/3/17 Date Time Accepted by: _____ Date Time
 Relinquished by: _____ Date Time Received by: Eileen Loomay 8/3 @ 11:20 Date Time

Sites/Parameters correct as listed. Client Initials KP
 Client Authorization to use Subcontract lab Client Initials KP
 Sample origin: VT NH NY Other

Delv: Chest Tmpl Ck _____ Lab use Only
 Temp C: 12.7 Log by _____
 Comment: _____

Special reporting instructions: (PO#) _____
 Requested Turnaround Time: Routine: Rush Due Date _____