

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: **1712-28703**
 DATE RECEIVED: December 05, 2017
 DATE REPORTED: December 06, 2017
 SAMPLER: Kirk Patch **VT0005476**

001	Site: RT #4 16 Meadow Drive	Date Sampled: 12/5/17	Time: 9:39
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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.
Total Coliform	Absent	/100 mL	SM20 9223B(97)	12/5/17 11:00	W AKJ	A	
e. coli	Absent	/100 mL	SM20 9223B(97)	12/5/17 11:00	W AKJ	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



Endyne Inc. COC

1712-28703

Prepared: 11/3/15



Simon Operation Services
WSID 5476 Jericho FD1 TC

Bill to:
Mark 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
psimon@simonop.com

Cust # 070

W-COLIF

Sample Location	Sample Date/Time	Bottle Type	Analysis Requested
RT #4 16 Meadow Drive	12/5/17 @ 9:39am	120 mL plastic	Coli / BACT

Property Address: Jericho FD #1
WSID #5476

One or more sample bottles in this project must be kept refrigerated or on ice until delivery at the laboratory.

Your initials will allow Endyne to proceed with analysis if the temperature preservation requirement is not satisfied. RP

INITIAL HERE

Relinquished by: Lin Patch 12/5/17 10:15 am Accepted by: Eileen Loney 12/5/17 10:16

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: 8.5	Log by	
Comment:		



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

315 New York Rd.
Plattsburgh, NY 12903
Ph 518-563-1720
Fax 518-563-0052