



Laboratory Report

Robert M. Hill
 PO Box 292
 Underhill, VT 05489

100725

PROJECT: 485 VT Rt. 15
 WORK ORDER: 2402-03114
 DATE RECEIVED: February 05, 2024
 DATE REPORTED: February 06, 2024
 SAMPLER: Robert

VTP

- 001

Site: Kitchen

Date Sampled: 2/5/24 Time: 9:05

Property Address (911): 485 VT Rt. 15

Underhill

VT

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	Qualifiers
Total Coliform	< 1.0	MPN/100 mL	SM 9223B (-16)	2/5/24 14:44	W ECM	
E. coli	< 1.0	MPN/100 mL	SM 9223B (-16)	2/5/24 14:44	W ECM	

Endyne's interpretation of the Federal SDWA considers this water bacteriologically **Acceptable** for consumption.

EPA Coliform Acceptance Criteria MCL

Total Coliform < 1.0 MPN/100ml or Absent
 e. coli < 1.0 MPN/100ml or Absent

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: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.

Reviewed by:

Harry B. Locker, Ph.D.
 Laboratory Director

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56 Etna Road, Lebanon, NH 03766
 Ph 603-678-4891 Fax 603-678-4893



160 James Brown Dr., Williston, VT 05495
 Ph 802-879-4333 Fax 802-879-7103



NH 2037

2402-03114



2402-03114

Robert M. Hill
485 UT Rt. 15

Residential Testing Chain of Custody

Customer Name: Robert M Hill
Address: PO Box 292
City: Underhill State: Vt Zip: 05489

Email: N/A
Phone Number: 802-899-4338
Name of Sample Collector: _____

911 Designated Sample Address: 485 UT Rt 15
Write this address on the bottles City: Underhill State: Vt Zip: 05489

Was the water chlorinated within the past two weeks? (Y) N
Source: New Well _____ Tag Number (if known) _____
Existing Well _____ Spring (X) Surface Water _____ Public _____ Other _____

Sample Location
Use this Line if Testing Bacteria Only: Kitchen Date: 2/5/24 Time: 9:05 (am)/pm
(Kitchen, bathroom, etc.)
First Draw Lead Sample: _____ Date: _____ Time: _____ am/pm
(Kitchen, bathroom, etc.)
All other Samples (Flush) _____ Date: _____ Time: _____ am/pm
(Kitchen, bathroom, etc.)

All Total Coliform/E.coli samples (individually or in a kit) will have an additional \$50 fee if delivered to the lab on a Friday. Some analysis may not be accepted on holiday weeks. Please call the lab for holiday sample instructions.

Bacteria Total Coliform/E. coli \$25	Radiological Gross Alpha* \$60 Uranium \$50 Radium 226/228* \$225 Radon (Air or Water) \$100	FHA/VA Kit \$85 Total Coliform / E. coli, Nitrate, Nitrite, First Draw Lead	Kit C \$200 Arsenic, Chloride, Copper, Iron, Lead, Calcium, Barium, Magnesium, Sodium, Nitrate, Nitrite, Hardness, Uranium, Fluoride
VT Homeowner Package \$245 Total Coliform/E. coli, Kit C, Gross Alpha*	Organics VOC (EPA 524) \$130 Diesel Range Organics \$90 PCBs \$125 Pesticides \$250 Herbicides \$175	Table A11-5 & A11-7 \$185 Total Coliform / E. coli, Nitrate, Nitrite, Arsenic, Chloride, Iron, Manganese, Sodium, Odor, pH, Uranium	Water Conditioning Package \$150 Alkalinity, pH, Chloride, Sulfate, Calcium, Barium, Magnesium, Sodium, Potassium, Hardness, Uranium
Comprehensive Package \$300 Total Coliform / E. coli, pH, Total Hardness, Chloride, Fluoride, Nitrate, Nitrite, Sulfate, Arsenic, Iron, Manganese, Cadmium, Chromium, Barium, Lead (First Draw), Copper, Sodium, Uranium, Gross Alpha*	Common Health Risk \$185 Total Coliform / E. coli, Nitrate, Nitrite, Fluoride, Arsenic, First Draw Lead, Uranium, Gross Alpha*	Common Aesthetics \$85 pH, Chloride, Hardness, Calcium, Magnesium, Sodium, Iron, Manganese	

Table 11-5 & 11-6 New Well and Hardness \$235
Total Coliform / E. coli, Fluoride, Nitrate, Nitrite, Arsenic, Chloride, Iron, Manganese, Sodium, Lead (First Draw) Odor, pH, Uranium, Gross Alpha*, Total Hardness

Other: _____
Relinquished By: Robert M Hill *Indicates parameter will be sub-contracted to an outside certified laboratory
Received By: _____ Date/Time: 2/5/24 9:45 AM
Temp Check °C: 8.2 Delivered on Ice: (Y) N Delivered by: _____ Date/Time: 2/5/24 9:45 AM
Amt. Paid: 25.00 Cash _____ Check # _____ Credit Card 6387