

Laboratory Report



Clearwater Filtration 100147
264 Mad River Park
Waitsfield, VT 05674
Atten: Jen Fleckenstein

PROJECT: WSID 5095 St Geo Villa TC BW
WORK ORDER: 2401-01379
DATE RECEIVED: January 15, 2024
DATE REPORTED: January 16, 2024
SAMPLER: James

VT0005095

001 Site: 177 Hemloch Date Sampled: 1/15/24 Time: 14:05

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

Free Chlorine Residual (Field Result): 0.68 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM23 9223B(04)	1/15/24 15:58	W ECM	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	1/15/24 15:58	W ECM	A	

002 Site: 484 Hemloch Date Sampled: 1/15/24 Time: 14:20

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

Free Chlorine Residual (Field Result): 0.88 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	Absent	/100 mL	SM23 9223B(04)	1/15/24 15:58	W ECM	A	
E. coli	Absent	/100 mL	SM20 9223B(04)	1/15/24 15:58	W ECM	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; and ISO/IEC 17025:2017 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. 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 5095 St George

Total Coliform

Endyne Inc. COC

2401-01379



2401-01379

Clearwater Filtration
WSID 5895 St Geo Villa TC BU

Bill to:
Accounting
Clear Water Filtration
264 Mad River Park
Waitsfield VT 05673
Ph: 1-802-496-5544

Report to:
Jen Fleckenstein
Clearwater Filtration
264 Mad River Park
Waitsfield VT 05674
jen@clearwaterfiltration.com;james@

Prepared: 3/29/23
Cust # 10
VT0005095
TC0005095

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

Sampler:

JMS

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: 0.68 mg/L

001 177 Hemlock Boil order Sampled Date/Time: 1/15/24 @ 14:05 am pm Chlorine, Total: ~~0.68~~ mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 0.88 mg/L

002 484 Hemlock Boil order Sampled Date/Time: 1/15/24 @ 14:20 am pm 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: ____/____/____ @ ____ am pm 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: ____/____/____ @ ____ am pm 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: ____/____/____ @ ____ am pm Chlorine, Total: _____ mg/L

CHLORINATED

Relinquished by: [Signature] 1/15/24 14:40 Date Time Accepted by: [Signature] 1/15/24 @ 14:40 Date Time
Relinquished by: _____ Received by: _____ Date Time

Sites/Parameters correct as listed. Client Initials _____

Client Authorization to use Subcontract lab Client Initials _____

Sample origin: VT NH NY Other

Special reporting instructions: (PO#) _____

Requested Turnaround Time: Routine: Rush Due Date _____

Delv: Client Tmpl Ck COC
Temp C: 8.6 Log by
Comment:



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