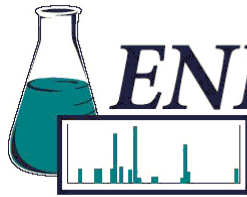


Laboratory Report**ENDYNE Inc.**
Environmental Laboratories

South Georgia Fire District 100509
73 Sunset Circle
Milton, VT 05468
Atten: Jeffrey Vance

PROJECT: WSID 5121 TC

WORK ORDER: 2607-21821

DATE RECEIVED: July 01, 2026

DATE REPORTED: July 02, 2026

SAMPLER: Jeffrey Vance

VT0005121

001 Site: 211 Heritage Dr. Kitchen Sink Date Sampled: 7/1/26 Time: 11:15

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	SM23 9223B(04)	7/1/26 14:20	W KMB	A	
E. coli	ABSENT	/100 mL	SM23 9223B(04)	7/1/26 14:20	W KMB	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

ELAP 11263

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



NH2037

WSID 5121

Total Coliform
Endyne Inc. COC

2607-21821



2607-21821

South Georgia Fire District
WSID 5121 TC

Bill to:

Cindy Mobbs
South Georgia Fire District
PO Box 58
Milton VT 05468
Ph: 802-734-2529

Report to:

Jeffrey Vance
South Georgia Fire District
73 Sunset Circle
Milton VT 05468
vman98@pm.me;sgfdvt99@gmail.c

Prepared: 12/15/2

Cust #

VT0005121

TC0005121

Page 1 of 1

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

Sampler:

Jeffrey Vance

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: _____ mg/L

211 Heritage drive
001 Kitchen Sink

Sampled Date/Time:

7/1/26 @ 11:15 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

002 _____

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

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: WL001 Smp Pt: RW001 Ctg: TC Smp Typ: TG Repl: Y / N Cmpl Ind: Y / N

Source

Sampled Date/Time:

____/____/____ @ ____ am
pm

NON CHLORINATED

Relinquished by:

Jeffrey Vance 7-1-26 12:15
Date Time

Accepted by:

[Signature] 7/1/26 12:15
Date Time

Relinquished by:

Received by:

Sites/Parameters correct as listed. Client Initials JF

Date Time

Client Authorization to use Subcontract lab Client Initials JK

Sample origin: VT ☒ NH ☐ NY ☐ Other ☐

Special reporting instructions: (PO#) N/A

Requested Turnaround Time: Routine: Rush Due Date N/A

Delv: 2
Temp C: 0.0
Comment:

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

Initial here allow Endyne to proceed with analysis if the temperature preservation requirements are not satisfied. _____ Initial Y/N
Samples were received in the lab on ice.



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

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

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