Laboratory Report

ENDYNE Inc.
Environmental Laboratories

South Georgia Fire District 100509
73 Sunset Circle
Milton, VT 05468

Atten: JeffreyVance

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

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WSID 5121

Total Coliform

Endyne Inc. COC

2607-21821

2607-21821

South Georgia Fire District
WSID 5121 TC

Bill to:	Report to:	Prepared: 12/15/2
Cindy Mobbs	JeffreyVance	Cust #
South Georgia Fire District	South Georgia Fire District	
PO Box 58	73 Sunset Circle	VT0005121
Milton VT 05468	Milton VT 05468	
Ph: 802-734-2529	vman98@pm.me;sgfdvt99@gmail.c	TC0005121

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 Ctgy: TC Smp Typ: (RT) RP SP Repl: Y/(N) Cmpl Ind: (Y) N Chlorine, Free: _____mg/L

001 211 Heritage drive Kitchen Sink Sampled Date/Time: 7/1/26@11:15 (am) pm Chlorine, Total: _____mg/L

Fac.ID: DS001 Smp Pt: TC001 Ctgy: 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 Ctgy: 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 Ctgy: 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 Ctgy: 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 PM Date Time Accepted by: _____ Date Time

Relinquished by: _____ Date Time Received by: _____ 7/1/26 12:15 Date Time

Sites/Parameters correct as listed. Client Initials JV

Client Authorization to use Subcontract lab Client Initials JV

Sample origin: VT [X] NH [ ] NY [ ] Other [ ]

Special reporting instructions: (PO#) N/A

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

Delv: C
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

Samples were received in the lab on ice. (Y) / N

ENDYNE
ENVIRONMENTAL LABORATORY SERVICES

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