

WSID 5121

Total Coliform
Endyne Inc. COC

2602-03051



2602-03051

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: 12/15/25
Cust # 1C
VT0005121
TC0005121

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

Sampler:

Circle Sample Type for each sample: **RT** RP SP

1 Sterile 120 mL Bottle per Sample

Jeffrey Vance

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

~~173 Cedar Wood~~
001 Kitchen Sink

Sampled Date/Time: 2-3-26 @ 7:30 **am**

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

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

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

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

NON CHLORINATED

Relinquished by: Jeffrey Vance Date Time: 2-3-26 8:20 AM Accepted by: _____ Date Time: _____

Relinquished by: _____ Date Time: _____ Received by: JR Date Time: 2-3-26 8:20 AM

Sites/Parameters correct as listed. Client Initials JV

Client Authorization to use Subcontract lab Client Initials JV

Sample origin: VT NH NY Other

Special reporting instructions: (PO#) NA

Requested Turnaround Time: Routine: Rush Due Date NA

Delv: CLIA
Temp C: 2.3
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**



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 518-583-1720

Handwritten scribbles and marks, possibly including the number '1' and some illegible characters.