

**Laboratory Report**



Wells River, Village of 070355  
15 Creamery Street  
Wells River, VT 05081  
Atten: Jeff Morin

PROJECT: WSID 5176 Vlg of Wells Rvr TC  
WORK ORDER: 2302-02822  
DATE RECEIVED: February 01, 2023  
DATE REPORTED: February 02, 2023  
SAMPLER: Jeff Morin

**VT0005176**

001 Site: WSID 5176, Wells River Chevy Date Sampled: 2/1/23 Time: 7:10

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

Free Chlorine Residual (Field Result): 0.70 ppm

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	NELAC	Qual.
Total Coliform	ABSENT	/100 mL	SM20 9223B Colilert	2/1/23 13:50	R AJR	A	
E. coli	ABSENT	/100 mL	SM20 9223B Colilert	2/1/23 13:50	R AJR	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:

Alexander J Rakotz  
Laboratory Director Lebanon, NH

[www.endynelabs.com](http://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 5176 Wells River

Total Coliform

2302-02822

Bill to: Mark Schilke Village of Wells River P.O. Box 737 Wells River VT 05081 Ph: (802) 757-3401

Report to: Jeff Morin Village of Wells River PO Box 737 Wells River VT 05081 wrfdk1@charter.net;wellsrivercle

Prepared: 1/26/22 Cust # 071 VT0005176 TC0005176



Wells River, Village of WSID 5176 Ulg of Wells Rvr TC

of 1

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

JEFF MORIN

Fac.ID: DS001 Smp Pt: TC001 Ctg: TC Smp Typ: RT RP SP Repl: Y/N Cmpl Ind: Y/N Chlorine, Free: 0.70 mg/L LOCATION: WELLS RIVER CHEVY Sampled Date/Time: 2/1/23 @ 07:10 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 LOCATION: 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 LOCATION: 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 LOCATION: 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 LOCATION: Sampled Date/Time: / / @ am pm Chlorine, Total: mg/L

Relinquished by: [Signature] 2/1/23 Date Time Accepted by: [Signature] Date Time Received by: [Signature] 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#)

Delv: [Signature] Tmpl Ck Log by COC Comment:



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

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