



Westmore, VT, Town of

54 Hinton Hill Road

090551

Westmore, VT 05822

Atten: Elaine Cashin

PROJECT: North Beach

WORK ORDER: 2507-24249

DATE RECEIVED: July 24, 2025

DATE REPORTED: July 25, 2025

SAMPLER: SBT

## Laboratory Report

Enclosed please find the results of the analyses performed for the samples referenced on the attached chain of custody. All required method quality control elements including instrument calibration were performed in accordance with method requirements and determined to be acceptable unless otherwise noted.

The column labeled Lab/Tech in the accompanying report denotes the laboratory facility where the testing was performed and the technician who conducted the assay. A "W" designates the Williston, VT lab under NELAC certification ELAP 11263; "R" designates the Lebanon, NH facility under certification NH 2037 and "N" the Plattsburgh, NY lab under certification ELAP 11892. "Sub" indicates the testing was performed by a subcontracted laboratory. The accreditation status of the subcontracted lab is referenced in the corresponding NELAC and Qual fields. The Williston, VT facility is also ISO/IEC 17025:2017 accredited for Total Coliform and E coli by SM9223B.

The NELAC column also denotes the accreditation status of each laboratory for each reported parameter. "A" indicates the referenced laboratory is NELAC accredited for the parameter reported. "N" indicates the laboratory is not accredited. "U" indicates that NELAC does not offer accreditation for that parameter in that specific matrix. Test results denoted with an "A" meet all National Environmental Laboratory Accreditation Program requirements except where denoted by pertinent data qualifiers. Test results are representative of the samples as they were received at the laboratory.

Endyne, Inc. warrants, to the best of its knowledge and belief, the accuracy of the analytical test results contained in this report, but makes no other warranty, expressed or implied, especially no warranties of merchantability or fitness for a particular purpose.

Reviewed by:

Harry B. Locker, Ph.D.  
Laboratory Director

[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



**Laboratory Report**

DATE REPORTED: 07/25/2025

CLIENT: Westmore, VT, Town of  
PROJECT: North BeachWORK ORDER: **2507-24249**  
DATE RECEIVED: 07/24/2025

001 Site: North Beach Date Sampled: 7/24/25 Time: 7:50

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>	<u>Analysis Date/Time</u>	<u>Lab/Tech</u>	<u>NELAC</u>	<u>Qual.</u>
E. coli	1.0	MPN/100mL	SM 9223B (16)	7/24/25 15:00	W JCB	A	

# North Beach

Endyne Inc. COC

2507-24249

Prepared: 8/7/24



## Bill to:

Elaine Cashin

Town of Westmore, VT

54 Hinton Hill Road

Orleans VT 05860

Ph: 802-525-3007

## Report to:

Elaine Cashin

Westmore, VT, Town of

54 Hinton Hill Road

Westmore VT 05822

clerk@westmoreonline.org; vtsiteted

Cust # 090

SWIMWA

W-90551

Westmore, VT, Town of  
North Beach

# North Beach

Sampled Date/Time: 07/24/25 @ 7:50 AM Sampler: SBT

E. coli

✓ - 150ml Sterile Plastic

<10C, Na2S2O3 If C12

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.

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

INITIAL

Relinquished by:

Accepted by:

Date Time

Relinquished by:

Received by:

Date Time

Date Time

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: WMP  
Temp C: 15.0  
Comment:

Temp Ck  
Log by

Lab use Only



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

315 New York Rd.  
Plattsburgh, NY 12903  
Ph 518-563-1720  
Fax 518-563-0052