

Water System Name: * Teton Reserve Golf		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 9-7-23 8:30	County: * teton
Person Transporting Sample: * Self		
Condition of Transport: * <input type="checkbox"/> Cooled <input type="checkbox"/> Carrier <input type="checkbox"/> Mail <input type="checkbox"/> Other		For Lab Use:
Report Results To: * WSS		
Phone Number: * 208-847-5822		Fax Number:


 Public Water System
 Private System

Preserved With Sodium Thiosulfate

Billing Address:
WSS

Email:

Phone:

Fax:

TETON MICROBIOLOGY LABORATORY ID: ID00969
300 S. Freeman Ave Idaho Falls, IDAHO 83401
Office: 208-529-0077 -- Fax: 208-522-3797 tetonmicro.com

* Required Fields

Client Sample Number	Lab Sample Number	Sample Type Code*	Sampling Location*	Time Collected*	Chlorine residual PPM	Original Sample Date	Total Coliforms		Escherichia Coli	
							Method Code #100ml	(P)resent (A)bsent	Method Code #100ml	(P)resent (A)bsent
	230907901	S	10 Bison	8:30			9223B-PA	A	9223B-PA	A
			S	9-7-23			9223B-PA		9223B-PA	
							9223B-PA		9223B-PA	
							9223B-PA		9223B-PA	
							9223B-PA		9223B-PA	

S-Routine Sample
 C-Construction/Special
 W-Untreated(Source)
 P-Repeat Sample
 U-Upstream Repeat
 D-Downstream Repeat
 X-Other Repeat
 E-Enforcement (Chain of Custody Required)
 (At Original Tap)

Chain-of-Custody Information

Relinquished by <i>[Signature]</i>	Date: 9-7-23	Time: 11:39	Received by <i>[Signature]</i>	Relinquished by	Date:	Time:	Received by
Relinquished by	Date:	Time:	Received by	Relinquished by	Date:	Time:	Received by

DATE/TIME RECEIVED: 9-7, 11:39 ANALYST: *[Signature]*

DATE/TIME ANALYZE: 9/7/23 1710 hr SUPERVISOR: _____

DATE/TIME READ: 9/8/23 1222 hr LAB ID #: ID00969

REMARKS: _____

Send Results To:
 DEQ DEQUIH
 Dist 7 Other
 Dist 6