

Water System Name: * Teton reserve Golf		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 11-7-2022 13:00	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

**TETON MICROBIOLOGY LABORATORY ID: ID00969**  
 300 S. Freeman Ave Idaho Falls, IDAHO 83401  
 Office: 208-529-0077 -- Fax: 208-522-3797 [tetonmicro.com](http://tetonmicro.com)

**Billing Address:**

ON FILE

**Email:**

**Phone:**

**Fax:**

\* 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
	221104901	S	HBT outside 211 Deser.	13:00			9223B-PA	A	9223B-PA	A
							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)  
 E-Enforcement (Chain of Custody Required)

P-Repeat Sample U-Upstream Repeat D-Downstream Repeat X-Other Repeat  
 (At Original Tap)

**Chain-of-Custody Information**

Relinquished by <i>[Signature]</i>	Date: 11-8-2022	Time: 11:00	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: 11/8, 11:00  
 DATE/TIME ANALYZE: 11/8/22 1549  
 DATE/TIME READ: 11/9/22 1239

ANALYST: *[Signature]*  
 SUPERVISOR: \_\_\_\_\_  
 LAB ID #: ID00969

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Send Results To:  
 DEQ  
 DEQPIH  
 Dist 7 Other  
 Dist 5