

Water System Name: * Teton Reserve Golf		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 3-1-2022 8:00	County: * TETON
Person Transporting Sample: * WSS		
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:



**Billing Address:**  
On File

**Email:**  
**Phone:**  
**Fax:**

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)**

\* 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
	220300901	S	211 Desert fa	3-1-22 8:00			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: 3-1-22	Time: 11:45	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: 3/1/22 1145 acz  
 DATE/TIME ANALYZE: 3/1/22 1523 acz  
 DATE/TIME READ: 3/2/22 1130 acz

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

REMARKS:

Send Results To:  
 DEQ     DEQUIH  
 Dist 7     Other  
 Dist 6