

Water System Name: * Teton Reserve Golf		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 8-2-2022     8:30	County: * Teton
Person Transporting Sample: *     Self		
Condition of Transport: *     Cooled     Carrier     Mail     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
	220804801	S	10 Bison (Dog House)	8-2-22 8:30			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:	Date: 8-2-22	Time: 12:00	Received by:	Relinquished by:	Date:	Time:	Received by:
Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:

DATE/TIME RECEIVED: 8/2/22     1200 hrs     ANALYST:

DATE/TIME ANALYZE: 8/2/22     1558 hrs     SUPERVISOR: \_\_\_\_\_

DATE/TIME READ: 8/3/22     1150 hrs     LAB ID #:     ID00969

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

Send Results To:  DEQ     DEQUIH  
Dist 7     Other  
Dist 6