

| | | |
|---|----------------------------------|----------------------|
| Water System Name: * Teton Reserve golf | | PWS ID no: * 7410029 |
| Collector: * Allen | Collect Date: * 3-19-23 17:30 | 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: |



Billing Address:
WSS

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

* 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 |
| | 2303229 d1 | S | 10 bison | 17:30 | | | 9223B-PA | | 9223B-PA | |
| | | | | | | | 9223B-PA | A | 9223B-PA | A |
| | | | | | | | 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: 3-20-23 | Time: 11:35 | 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: 3/20/23 11:35 AM #1
 DATE/TIME ANALYZE: 3/20/23 1652 AM
 DATE/TIME READ: 3/21/23 1215 AM

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

REMARKS:

Send Results To:
 DEQ DEQUIH
 Dist 7 Other
 Dist 6