

Water System Name: * Teton Reserve Golf		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 7-9-23	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
	2307116 01	U	6660 Reserve	16:00			9223B-PA	A	9223B-PA	A
	2307116 02	P	10 Bison	16:15		7-4-23	9223B-PA	A	9223B-PA	A
	2307116 03	D	90 Bison	15:45			9223B-PA	A	9223B-PA	A
	2307116 04	X	# 3	16:30			9223B-PA	A	9223B-PA	A
							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: 7-10-23	Time: 2:22	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: 7/10/23 14:22
 DATE/TIME ANALYZE: 7/10/23 16:12
 DATE/TIME READ: 7/11/23 12:22

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

REMARKS:

Send Results To:
 DEQ DEQPIH
 Dist 7 Other
 Dist 6