

Water System Name: * Teton Reserve Golf		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 1-3-2022 16:45	County: * Teton
Person Transporting Sample: *		
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:

<input checked="" type="checkbox"/> Public Water System
<input type="checkbox"/> 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
	220100901	S	211 Desert Dry	1-3-22 16:45			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)
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Chain-of-Custody Information

Relinquished by: <i>[Signature]</i>	Date: 1-4-22	Time: 11:30	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: 1/4/22 1130 *neg*
 DATE/TIME ANALYZE: 1/4/22 1541 *neg*
 DATE/TIME READ: 1/5/22 1042 *neg*

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

REMARKS:

Send Results To:

DEQ DEQPIH
 Dist 7 Other
 Dist 6