

**IAS EnviroChem**  
3314 Pole Line Rd. • Pocatello, ID 83201  
Phone: (208) 237-3300 • Fax: (208) 237-3336  
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EPA Laboratory Number: ID00952

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**Microbiological Analysis Report**

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Gary Preston  
Gary Preston  
P.O. Box 495  
Island Park, ID 83429

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**Lab Sample ID:** M106394-01                      **Jurisdiction:** Dist 7 Health Dept.  
**Collection Date:** 6/28/21 12:30            **Date Received by Lab:** 6/29/21 12:30  
**Water System:** 7220113 - Welling Subdivision - Total Coliform P/A  
**Sample ID/Location:** Island Drive (3608)  
**Collector Name:** Gary Preston                **Collector Phone:** (208) 313-2858

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**Method Desc:** SM9223B P/A Colilert

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<b>Cmp Name</b>	<b>Result</b>	<b>Analysis Date/Time</b>	<b>Analyst</b>
Total Coliforms	Absent /100 ml	6/29/21 14:30	JW
E. coli	Absent /100 ml	6/29/21 14:30	JW

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**Aux. Data**

Sample Type Code: S - Routine Sample  
Residual Chlorine (ppm):  
PWS Date of Original Positive:  
PWS Repeat Sample Location:  
Tag #/ Facility ID:



6/30/2021

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Signature of Laboratory Supervisor

Date

**INSTRUCTIONS REVERSE SIDE**

Water System Name: WELLING SUBD. PWS ID No.: 7220113  
 County: FREMONT  
 Collector: GARY PRESTON Date Collected: 6/28/21  
 Person Transporting Sample to Lab: GARY PRESTON  
 Condition of Transport:  Cooled  Carrier  Other  Mail  
 Report Results To:  
 Name: GARY PRESTON  
 Address: PO Box 495  
 City: ISLAND PARK State: ID Zip Code: 83429  
 Phone Number: 208-313-2858 Email: ZANDERA@1999@B-MAIL.COM  
TINGFY KEDBYLL.FOV

**IAS — ENVIROCHEM**

3314 Pole Line Road • Pocatello, Idaho 83201  
 Phone: (208) 237-3300 • Fax: (208) 237-3336  
**COLIFORM BACTERIA ANALYSIS REPORT**  
**CONTAMINANT ID# 3100**

Public Drinking Water System  
 Private Drinking Water

Shaded areas must be fully filled out or samples will not be run.  
 Private samples need not have pws# or Chlorine residual. Clear areas are for lab use only.

Your sample will be analyzed for TOTAL COLIFORMS unless you specify another analysis under Remarks.

For PWS only, if this is a repeat sample, mark the date of the ORIGINAL POSITIVE SAMPLE.

LAB ID # ID00952

**REPORT RESULTS TO:**

- Dist. 6 Health Dept.
- Dist. 7 Health Dept.
- Denver EPA
- Seattle EPA
- Idaho Falls DEQ
- Pocatello DEQ

**PAYMENT:**

- No Charge
- Prepaid
- Bill
- Pmt. Rec'd

**R E S U L T S**

Sample Number	Sample Type Code	Sampling Location	Time Collected	Chlorine Residual PPM	Original Sample Date	TOTAL COLIFORMS		FECAL COLIFORMS		ESCHERICHIA COLI		HPC
						Method Code	(Present/Absent) #100ml	Method Code	(Present/Absent) #100ml	Method Code	(Present/Absent) #100ml	
S		ISLAND DRIVE (3608)	12:30PM			SM9223 B PA		SM9223 B PA		SM9223 B PA		
						SM9223 B PA		SM9223 B PA		SM9223 B PA		
						SM9223 B PA		SM9223 B PA		SM9223 B PA		
						SM9223 B PA		SM9223 B PA		SM9223 B PA		
						SM9223 B PA		SM9223 B PA		SM9223 B PA		

Sample Type Codes: S - Routine Sample, P - Repeat Sample (At Original Tap), U - Upstream Repeat, D - Downstream Repeat, E - Enforcement (Chain of Custody Required), X - Other Repeat, W - Untreated (Source), C - Construction/Special

**Chain-of-Custody Information**

Relinquished by	Date	Time	Received by	Date	Time
<u>Gary Preston</u>	<u>6-28-21</u>	<u>1:53 PM</u>	<u>[Signature]</u>		

DATE/TIME RECEIVED: 06/29/21 12:00  
 DATE/TIME ANALYZED: \_\_\_\_\_  
 ANALYST: \_\_\_\_\_  
 DATE REVIEWED: \_\_\_\_\_  
 SUPERVISOR: \_\_\_\_\_

M106394  
 Gary Preston  
 Received: 06/29/2021  
 RAB  
 1 Sample