

LAB ID # ID00952

IAS — ENVIROCHEM

3314 Pole Line Road • Pocatello, Idaho 83201
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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.

INSTRUCTIONS REVERSE SIDE

Water System Name: WELLING SUBD PWS ID No. 7220113
 Collector: GARY PRESTON Date Collected: 6-17-19 County: FREMONT
 Person Transporting Sample to Lab: COLE PRESTON
 Condition of Transport: Cooled Mail Carrier Other
 Report Results To:
 Name: GARY PRESTON
 Address: PO Box 495
 City: ISLAND PARK State: ID Zip Code: 83429
 Phone Number: 208-313-2859 Email: WADERAD199@Gmail.com
TINGEXK@BYU.I.EDU

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	(P)resent (A)bsent #100ml	Method Code	(P)resent (A)bsent #100ml	Method Code	(P)resent (A)bsent #100ml	
	S	SHORELINE DR.	12:15 PM			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 U - Upstream Repeat E - Enforcement (Chain of Custody Required) W - Untreated (Source)
 P - Repeat Sample (At Original Tap) D - Downstream Repeat X - Other Repeat C - Construction/Special

Chain-of-Custody Information

Relinquished by	Date	Time	Received by	Date	Time
<u>Cole Preston</u>	<u>6/17/19</u>	<u>3:00 PM</u>	<u>TW</u>		

DATE/TIME RECEIVED: 061819 1200W 23.6°C
 DATE/TIME ANALYZED: _____ ANALYST: _____
 DATE REVIEWED: _____ SUPERVISOR: _____

REMARKS