

INSTRUCTIONS REVERSE SIDE

Water System Name: WELLING SUBD PWS ID No. 7220113
 Collector: GARY PRESTON Date Collected: 12-20-18 County: FREMONT
 Person Transporting Sample to Lab: GARY PRESTON
 Condition of Transport: Cooled Carrier Mail Other
 Report Results To:
 Name: GARY PRESTON
 Address: PO Box 495 State: ID Zip Code: 83429
 City: ISLAND PARK Email: CALMERAD199@GMAIL.COM
 Phone Number: 208-313-2859 TINGEYK@BYOI.EDU

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	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 3776		SHORELINE DR.			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	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>Gary Preston</u>	<u>12/20/18</u>	<u>12:05</u>	<u>[Signature]</u>		

DATE/TIME RECEIVED: 122018 1546
 DATE/TIME ANALYZED: 15.6.c
 DATE REVIEWED: _____
 ANALYST: _____
 SUPERVISOR: _____

REMARKS

M812209
 Gary Preston

Received: 12/20/2018
 TC

1 Sample