

Water System Name: * Teton Reserve		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 7-6-2022 9:00	County: * Teton
Person Transporting Sample: * Self		
Condition of Transport: * <input checked="" 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:**

Public Water System  
 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](http://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
	220705101	S	211 For	7-6-22 9:00			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)

**Chain-of-Custody Information**

Relinquished by: <i>[Signature]</i>	Date: 7-6-22	Time: 11:50	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: 7/6/22 1150 *as* ANALYST: *[Signature]* REMARKS: \_\_\_\_\_

DATE/TIME ANALYZE: 7/6/22 1524 *as* SUPERVISOR: \_\_\_\_\_

DATE/TIME READ: 7/7/22 1130 *as* LAB ID #: ID00969

Send Results To:  DEQ  DEQUIH  
 Dist 7  Other  
 Dist 6