

Water System Name: * Teton Reserve		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 5-1-23 8:00	County: * Teton
Person Transporting Sample: * Self		
Condition of Transport: * <input type="radio"/> Cooled <input type="radio"/> Carrier <input type="radio"/> Mail <input type="radio"/> Other		For Lab Use:
Report Results To: * WSS		
Phone Number: * 208-847-5822		Fax Number:



Public Water System
 Private System

Preserved With Sodium Thiosulfate

Billing Address:
WSS

Email:
Phone:
Fax:

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
	230500601	S	311 Desert Fox				9223B-PA		9223B-PA	
							9223B-PA	A	9223B-PA	A
							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: 5-1-23	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: 5-1, 11:30
 DATE/TIME ANALYZE: 5/1/23 1648 214
 DATE/TIME READ: 5/2/23 1313 214

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

REMARKS:

Send Results To:
 DEQ DEQUIH
 Dist 7 Other
 Dist 6