

Water System Name: * Teton Reserve		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 4-16-23 14:00	County: * Teton
Person Transporting Sample: * Self		
Condition of Transport: * <input 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:**  
WSS

**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)Present (A)bsent	Method Code #100ml	(P)Present (A)bsent
	230419801	S	211 Desert fox	4-16-23 14:00			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: 4-17-23	Time: 10:40	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: 4-17, 10:40  
 DATE/TIME ANALYZE: 4/17/23 1623 *avg*  
 DATE/TIME READ: 4/18/23 1315 *avg*

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

REMARKS:

Send Results To:  
 DEQ     DEQUIH  
 Dist 7     Other  
 Dist 6