

Water System Name: * Teton Reserve		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 12-5-23 8:15	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:



Public Water System
 Private System

Preserved With Sodium Thiosulfate

Billing Address:
~~WSS~~ on file

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
	231205301			12-5-23			9223B-PA		9223B-PA	
		S	24 Desert Exp	8:15			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: 12-5-23	Time: 10:20	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: 12-5, 10:20 ANALYST: *Cynthia Jett* REMARKS: _____

DATE/TIME ANALYZE: 12/5/23 1632 *ast* SUPERVISOR: _____

DATE/TIME READ: 12/6/23 1212 *ast* LAB ID #: ID00969

Send Results To:
 DEQ DEQUIH
 Dist 7 Other
 Dist 6