

Water System Name: * Teton Reserve		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 10-4-2022	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:
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

* 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
	221006301	P	10 Basin (6617 25th St)	13:45		10-2-22	9223B-PA	A	9223B-PA	A
	221006302	U	211 Desulf. Box	13:30			9223B-PA	A	9223B-PA	A
	221006303	D	(6617 25th St) CWB House	13:50			9223B-PA	A	9223B-PA	A
	221006304	X	#3 well	14:00			9223B-PA	A	9223B-PA	A
	221006305	X	well 2	13:50	13:50		9223B-PA	A	9223B-PA	A
	221006306	X	well 4					A		A

S-Routine Sample
 C-Construction/Special
 W-Untreated(Source)
 P-Repeat Sample
 U-Upstream Repeat
 D-Downstream Repeat
 X-Other Repeat
 E-Enforcement (Chain of Custody Required)
 (At Original Tap)

Chain-of-Custody Information

Relinquished by <i>[Signature]</i>	Date: 10/4/22	Time: 1533	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: 10/4/22 1533 *ms* ANALYST: *[Signature]*
 DATE/TIME ANALYZE: 10/4/22 1702 *ms* SUPERVISOR:
 DATE/TIME READ: 10/5/22 1125 *ms* LAB ID #: ID00969

REMARKS:
 Send Results To:
 DEQ DEQUIH
 Dist 7 Other
 Dist 6