

Water System Name: * Teton Reserve PWS ID no: * 7410029

Collector: * Allen Collect Date: * 11-2-23 10:45 County: * Teton

Person Transporting Sample: * Self

Condition of Transport: * Cooled Carrier Mail 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:

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
	<u>231103301</u>	<u>S</u>	<u>211 Reservoir Desert Fox</u>	<u>10:45</u>			<u>9223B-PA</u>		<u>9223B-PA</u>	
				<u>11-2-23</u>			<u>9223B-PA</u>	<u>A</u>	<u>9223B-PA</u>	<u>A</u>
							<u>9223B-PA</u>		<u>9223B-PA</u>	
							<u>9223B-PA</u>		<u>9223B-PA</u>	
							<u>9223B-PA</u>		<u>9223B-PA</u>	

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: <u>[Signature]</u>	Date: <u>11-2-23</u>	Time: <u>12:46</u>	Received by: <u>[Signature]</u>	Relinquished by:	Date:	Time:	Received by:
Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:

DATE/TIME RECEIVED: 11-2, 12:46

DATE/TIME ANALYZE: 11/2/23 15:00

DATE/TIME READ: 11/3/23 1456

ANALYST: [Signature]

SUPERVISOR: _____

LAB ID #: ID00969

REMARKS: _____

Send Results To:

DEQ DEQUIP

Dist 7 Other

Dist 6