

Water System Name: * Teton Reserve		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 2-20-23 16:00	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:


 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

Billing Address:
ON FILE

Email:
Phone:
Fax:

* 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
	230218001						9223B-PA	A	9223B-PA	A
		S	211 Desert fx	2-20-23			9223B-PA		9223B-PA	
				16:00			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: 2-21-23	Time: 10:30	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: 2-21, 10:30

ANALYST: *[Signature]*

REMARKS:

DATE/TIME ANALYZE: 2/21/23 1720 am

SUPERVISOR:

Send Results To:
 DEQ DEQPHI
 Dist 7 Other
 Dist 6

DATE/TIME READ: 2/22/23 1248 am

LAB ID #: ID00969