

Water System Name: * Teton reserve		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 10-02-23	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

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
				10-2-23			9223B-PA		9223B-PA	
	231004801	S	211 desert fx	16:00			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: 10-3-23	Time: 10:17	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: 10-3, 10:17
 DATE/TIME ANALYZE: 10/3/23 1636 am
 DATE/TIME READ: 10/4/23 1316 am

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

REMARKS:

Send Results To:
 DEQ DEQPIH
 Dist 7 Other
 Dist 6