

Water System Name: * Teton Reserve		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 10-3-2022 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:



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)present (A)bsent	Method Code #100ml	(P)present (A)bsent
	221001001	S	10 Reson	16:00			9223B-PA	P	9223B-PA	A
				10-2-22			9223B-PA		9223B-PA	
							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: 10-3-22	Time: 1047	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: 10/3/22 1047 *WR*
DATE/TIME ANALYZE: 10/3/22 1534 *WR*
DATE/TIME READ: 10/4/22 1134 *WR*

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

REMARKS: _____

Send Results To:
 DEQ DEQPIH
 Dist 7 Other
 Dist 6