

Water System Name: * Teton Reserve		PWS ID no: * 7410029
Collector: * Allen	Collect Date: * 2-20-24	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:

WSS

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
							9223B-PA		9223B-PA	
	240224201	S	211 Resort Fox	2-20-24 9:15			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: 2-20-24	Time: 12:03	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: 2-20, 12:03
DATE/TIME ANALYZE: 2/20/24 14:30 #
DATE/TIME READ: 2/21/24 12:00 #

ANALYST: *Jin Paw*
SUPERVISOR: *Ayla Jyt*
LAB ID #: ID00969

REMARKS:

Send Results To:

DRQ DEQPIH
 Dist 7 Other
 Dist 6