

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

Collector: * Allan Collect Date: * 4-3-2022 15:30 County: * Teton

Person Transporting Sample: *

Condition of Transport: * Cooled Carrier Mail 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)resent (A)bsent	Method Code #100ml	(P)resent (A)bsent
	<u>220400801</u>	<u>S</u>	<u>10 Bison</u>	<u>4:30-22</u>			<u>9223B-PA</u>	<u>A</u>	<u>9223B-PA</u>	<u>A</u>
				<u>15:30</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>	
							<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>4-4-22</u>	Time: <u>10:00</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: 4/4/22 1000 net
DATE/TIME ANALYZE: 4/4/22 1556 net
DATE/TIME READ: 4/5/22 1147 net

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

REMARKS: _____

Send Results To:
 DEQ DEQUIH
 Dist 7 Other
 Dist 6